

Maternal and Child Health Priority Issue Briefs

MCH Priorities

Adequate nutrition
and physical activity

Lifestyles free of
substance use and
addiction

Optimal mental
health and healthy
relationships

Health disparities¹

Safe and healthy
communities

Healthy physical
growth and cognitive
development

Sexually responsible
and healthy
adolescents and
women

Access to preventive
and treatment
services

Quality screening,
identification,
intervention, and
care coordination

Setting Priorities

Assessing Needs

Every five years the Office of Maternal and Child Health (OMCH) undertakes a comprehensive needs assessment process that includes setting public health priorities for improving the health of mothers and children in Washington State. The priorities guide local and state public health activities toward specific goals. Many factors influence the activities that support each priority and the activities may change over time. The priorities themselves stay the same until a future needs assessment indicates they should change.

Healthy women, infants, children, adolescents, and families in Washington served as the central theme and vision for the 2005 Five-Year Needs Assessment. The needs assessment process began by asking the question, “What can we do so mothers and children can be healthy?”

Identifying Outcomes

Through extensive research and stakeholder input, the Needs Assessment Steering Committee and designated work groups identified a total of 30 desired health outcomes for different groups served by maternal and child health programs. These groups were: pregnant women and women of childbearing age; infants; young children (aged 1-5 years); and youth or school-age children (aged 6 -18 years). The Steering Committee combined similar outcomes to create Washington’s nine Maternal and Child Health (MCH) Priorities.

OMCH prepared an issue brief for eight of the nine priorities identified in the 2005 Five-Year Needs Assessment.¹ Each issue brief is an overview of data, activities supported by OMCH, and expected outcomes. The issue briefs also include information about how the MCH priorities relate to other national and state public health goals. Resources for related topics are listed on the other side of this page.

¹ The Health Disparities priority and issue brief are under development.

Resources

Additional information is available from the following sources. Other references are identified in the reference section of each issue brief.

Washington State's Maternal and Child Health Title V Block Grant Annual Application and Report and Five Year Needs Assessment

<http://www.mchb.hrsa.gov/>

Healthy People 2010

<http://www.healthypeople.gov/>

Washington State's Public Health Improvement Plan (PHIP)

<http://www.doh.wa.gov/PHIP/default.htm>

Washington State Department of Health Strategic Plan 2005-2007

http://www.doh.wa.gov/strategic/StratPlan03_05_ed1.pdf

The Health of Washington State

<http://www.doh.wa.gov/HWS/default.htm>

The 2006 MCH Data and Services Report and other OMCH data publications

http://www.doh.wa.gov/cfh/mch/mch_assessment/mch_assesshome.htm

For more information about the Maternal and Child Health Priorities and the Issue Briefs or for Examples of Logic Models and Priority Matrices, please contact Candi Wines at the Office of Maternal and Child Health via phone: (360)236-3459 or email: candi.wines@doh.wa.gov.

Maternal and Child Health Priority Issue Brief

MCH Priorities

Adequate nutrition and physical activity

Lifestyles free of
substance use and
addiction

Optimal mental
health and healthy
relationships

Health Disparities

Safe and healthy
communities

Healthy physical
growth and cognitive
development

Sexually responsible
and healthy
adolescents and
women

Access to preventive
and treatment
services

Quality screening,
identification,
intervention, and
care coordination

Adequate Nutrition and Physical Activity

Focus

This priority focuses on promoting adequate nutrition and physical activity for all women, children, and families and on the use of folic acid by women of childbearing age. Emphasis is placed on promoting healthy weight, decreasing hunger, increasing access to healthy food choices, and encouraging active lifestyles.

Access to adequate nutrition is important for reducing hunger and conditions related to poor nutrition. Improved nutrition and adequate physical activity can lead to healthier children who are better prepared to learn and who develop life-long healthy habits. Making healthy food choices and getting adequate exercise may also contribute to better pregnancy outcomes.

Objectives and Expectations

The objective of efforts to promote adequate nutrition and physical activity is to provide opportunities for women, children, and families in Washington to learn about, have access to, and adopt healthy lifestyle choices that include eating well and exercising.

As a result of these efforts, we expect that:

- More children and adolescents will get an adequate amount of exercise.
- There will be fewer overweight or obese children and adolescents.
- Women will take folic acid to reduce their infants' risk of being born with brain, spine, and spinal cord defects (neural tube defects).
- More infants will be born at full term and at a healthy weight and have a decreased risk of death before age 1 year.
- More women will breastfeed their infants until age 1 year.

Key Data from Washington

Youth Nutrition, Obesity, and Physical Activity

Based on self-reported height and weight measurements, approximately 10 percent of Washington students in Grades 8, 10, and 12 are overweight.ⁱ

In 2004, 77 percent of students in Grade 8 and 70 percent of students in Grade 10 reported that they participated in vigorous cardiovascular exercise (equivalent to at least 20 minutes on three or more days a week). This percentage dropped to 61 percent among twelfth graders.¹

Only 26 percent of eighth graders, 23 percent of tenth graders, and 22 percent of twelfth graders reported that they eat the recommended amount of fruits and vegetables each day.ⁱⁱ

Adequate Nutrition Before and During Pregnancy

Taking 400 micrograms of folic acid, a B-vitamin, before and very early in pregnancy can help prevent up to 70 percent of brain, spine, and spinal cord birth defects. The 2005 March of Dimes Gallup Survey indicated a decline in the number of women in the United States of childbearing age who take daily folic acid supplements. In 2005, only 33 percent of women reported taking folic acid supplements compared to 40 percent in 2004.ⁱⁱⁱ

Approximately 28 percent of women in Washington aged 18 years and older consume fruit and vegetables at least five times each day.^{iv}

Low Birth Weight and Infant Mortality

Newborns weighing less than 2,500 grams (5.5 pounds) are considered underweight at birth. Six percent of infants born in Washington in 2004 were underweight.^v

In Washington, 5.5 infants per 1,000 live births died before the age of 1 year in 2004.^v

Disparities

Approximately 15 percent of students in Grade 10 reported that their families skipped or reduced meals during the previous 12 months because there was not enough money to buy food.^{vi}

According to the 2004 Healthy Youth Survey, 12 percent of youth who have some type of disability reported that they were overweight compared to 9 percent of youth who did not have a disability.

Activities

The Office of Maternal and Child Health (OMCH) works with other state agencies, local public health agencies, universities, community based organizations, and other entities. Technical and financial support from OMCH contribute to the delivery of health care services, development of health education materials, collection of data, and the development of systems to improve public health. Listed below are some OMCH-supported activities related to promoting adequate nutrition and physical activity. The goal of these activities is to promote healthy weight, decrease hunger, and increase access to healthy food choices.

Pregnant Women and Women of Childbearing Age

Health Care Services

- Maternity Support Services registered dietitians visit low-income pregnant and postpartum women. The visits include counseling about proper nutrition, food insufficiency, weight, and exercise related to health and birth outcomes.
- Maternity Support Services coordinates services with other programs such as Women, Infants, and Children (WIC) and Head Start to provide seamless transitions to different nutrition services.

Policy Development

- OMCH monitors legislation and promotes policies that improve the nutritional status of women of childbearing age and promote healthy lifestyles including increased physical activity for pre-conception and pregnant women.
- OMCH collaborates with the WIC program to ensure complementary policies between Maternity Support Services and WIC.

Education

- OMCH develops educational materials and distributes them to health care providers who give them to clients. Educational materials include “Nine Months to Get Ready” and resources containing information about physical activity and healthy lifestyles for college women and the general female population.
- Health care providers receive training to screen and work with clients to change behaviors related to physical activity, body mass index (BMI), fruit and vegetable consumption, and folic acid supplementation.
- Maternity Support Services coordinates provider trainings with the state WIC office to increase the number of providers in Maternity Support Services who are trained on nutrition topics and education techniques.

Infants, Children, and Youth¹

Health Care Services

- Maternity Support Services providers counsel mothers with infants less than two months of age about recommended nutrition and feeding practices.
- CHILd Profile’s one-month letter to parents encourages mothers to plan ahead so they can continue breastfeeding their infants after returning to work or school.

¹Infants are defined as those who are aged birth to 1 year. Children are defined as those who are between 1 and 5 years old. Youth are those who are between 6 and 18 years old. Some activities target all ages or apply to families.

- Local public health agencies coordinate services provided by Community Feeding Teams, Children with Special Health Care Needs Coordinators, the Children with Special Health Care Needs Nutrition Network, and the Medical Home Leadership Network.
- The OMCH Children with Special Health Care Needs program’s “last-resort fund” pays for nutrition products not covered by Medicaid for eligible families.

Policy Development

- OMCH monitors proposed and enacted legislation related to nutrition and physical activity such as legislation affecting breastfeeding, infant nutrition, physical activity in schools, and school nutrition programs.
- The Community and Family Health Nutrition Workgroup and the statewide Anti-Hunger Coalition address issues related to physical activity and nutrition and share information.
- OMCH works with partners and monitors legislation affecting school policies on nutrition and physical activity for all children including children with special health care needs.
- OMCH collaborates with Medicaid on developing state regulations (Washington Administrative Code [WAC]) with respect to medical nutrition therapy and medical nutrition product billing instructions.
- CHILD Profile works with other programs interested in adding their health promotion materials to CHILD Profile mailings.
- Proposed future policy development activities include:
 - Partnering with social networks and community coalitions that address hunger and food production.
 - Collaborating with state and local governments to develop policies, laws, and regulations that support basic nutrition and physical activity.
 - Promoting safe, affordable environments for physical activity.

Education

- OMCH develops educational materials, such as “Nine Months to Get Ready” and distributes them to health care providers who give them to clients.
- Child Care Health Consultants in local health districts receive training on nutrition and physical activity for young children.
- “Kids Matter: Improving Outcomes for Children in Washington State” is a plan to promote strategies for raising awareness among providers and parents about breastfeeding and nutrition for children from birth to kindergarten entry.
- OMCH encourages the use of Bright Futures² concepts and materials in existing health programs.
- All families of children aged birth-6 years receive CHILD Profile messages on health, nutrition, safety, behavior, and development.
- OMCH develops and delivers public health messages promoting nutritious eating habits and the use of safety equipment during physical exercise.
- Local public health agencies, school nurses, and private-practice health care providers give adolescents and parents fact sheets on physical activity and nutrition for adolescents.
- Proposed future education activities include:

² Bright Futures is a set of nationally developed health guidelines for parents, children, and health care providers. <http://www.brightfutures.aap.org/web/>.

- Increasing awareness, knowledge, and motivation among adults regarding nutrition for children.
- Promoting the nutritional benefit of families eating together.
- Using CHILD Profile to develop and test adolescent health promotion materials in King and Snohomish Counties.
- Supporting the Children with Special Health Care Needs Nutrition Network, Children with Special Health Care Needs Feeding Team Network, and Medical Home Leadership teams.
- Participating in joint trainings for nutritionists with WIC.

Families

Health Care Services

- Infants, children, and adults who have genetic disorders that require nutritional supplements receive the nutritional products they need.
- Families receive referrals and linkages from the WithinReach: Essential Services for Families Family Health Hotline³ regarding nutrition resources, WIC, Head Start, food banks, food stamps, local free meals, Maternity Support Services, breastfeeding consultants and resources, and medical care. Referral Specialists provide eligibility screenings for many programs such as Medicaid, Maternity Support Services, and WIC.

Policy Development

- OMCH works with WithinReach: Essential Services for Families to build partnerships and coalitions within the maternal and child health community. These partnerships help shape the best services and policies for pregnant women, children, and families in Washington State.

Education

- OMCH ensures ongoing education regarding nutrition and health for families of individuals with genetic disorders such as phenylketonuria (PKU).
- Proposed future education activities include developing intergenerational messages and approaches to promoting physical activity and nutrition.

Research, Surveillance, and Best Practices

Data

- Surveys such as the Behavioral Risk Factor Surveillance Survey (BRFSS), the Pregnancy Risk Assessment and Monitoring System (PRAMS), the Healthy Youth Survey, and other available data sources such as birth and death certificate data, WIC data, and data from the college BRFSS database provide information about nutrition and healthy lifestyles.
- OMCH uses data to monitor progress, disseminate findings, and develop programs.
- Proposed future research and surveillance activities include conducting focus groups of women and health care providers to get information about their knowledge of prepregnancy health and related services in Washington State.

³The Family Health Hotline used to be known as Healthy Mothers, Healthy Babies (HMHB) Hotline. The organization that operates the hotline recently changed its name from 'Healthy Mothers, Healthy Babies' to 'WithinReach: Essential Resources for Family Health' and it operates several other hotlines in addition to the Family Health Hotline.

Examples of Best Practices

- Bright Futures health education materials
- “Children with Special Health Care Needs: Nutrition Care Handbook” (2004)
- “Medicaid Reimbursement for Medical Nutrition Products and Nutrition Services for Children with Special Health Care Needs” (2004)
- “Nutrition Interventions for Children with Special Health Care Needs” (2002)
- “Cost Considerations: The Benefits of Nutrition Services for a Case Series of Children with Special Health Care Needs in Washington” (1998)
- “Nine Months to Get Ready” (2005)

Other Public Health Agendas

By identifying adequate nutrition and physical activity as a priority for OMCH, the office ensures that its work is consistent with the intent of the state performance measures defined in the Maternal and Child Health Title V Block Grant and other national and state public health agendas and that its work meets the needs of the people it serves. Healthy People 2010, the Public Health Improvement Plan (PHIP), the Washington State Department of Health Strategic Plan, and the Division of Community and Family Health Strategic Plan serve as guiding documents for Washington’s public health system. Each of these emphasizes the importance of physical activity and nutrition in improving public health.

Healthy People 2010

Healthy People 2010 identifies ten leading health indicators^{vii} for high-priority public health issues. These indicators are used as the basis for public health priority-setting and decision-making. Related objectives will be used to measure the health of the nation over the next ten years. Two of the leading health indicators related to nutrition and physical activity are “Overweight and Obesity” and “Physical Activity.”

More than 30 objectives measure these and other related indicators in the Healthy People 2010 report. Some of the objectives that measure progress for these indicators among women and children are:⁴

- Reduce low birth weight (LBW) and very low birth weight (VLBW). (16-10)
- Increase the proportion of pregnancies begun with an optimum folic acid level. (16-16)
- Reduce the proportion of children and adolescents who are overweight or obese. (19-3c)
- Increase food security among U.S. households and in so doing reduce hunger. (19-18)
- Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on five or more of the previous seven days. (22-6)

Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)^{viii} identifies five key determinants of health: environment, medical care, social circumstances, genetics, and behavior. The PHIP

⁴ The number in parentheses represents the objective number. Healthy People 2010 objectives are available in Healthy People 2010 Volumes I and II on-line at: <http://www.healthypeople.gov/Publications/>.

establishes 52 health status indicators under six broad areas. Overall health is the first area and it includes indicators related to general physical health. A few of the PHIP health indicators that assess behaviors related to nutrition and physical activity are:

- Percent of adults who report eating fruits and vegetables five or more times per day.
- Percent of adults meeting recommendations for moderate or vigorous physical activity through work or leisure.
- Percent of tenth graders who report eating fruits or vegetables five or more times per day in the past week.
- Percent of tenth graders who report meeting recommendations for vigorous physical activity.

Department of Health Strategic Plan

The Department of Health Strategic Plan^{ix} created seven long-term goals for public health with related objectives and strategies. Goal 1 is to improve the health of all Washington State residents. The first objective for this goal is to demonstrate improvement of health status for the people in Washington State. The strategies for accomplishing this objective include addressing the incidence of chronic disease and using the PHIP key health indicators described above to guide decision-making.

Community and Family Health Strategic Plan

The Division of Community and Family Health (CFH) within the Washington State Department of Health created a strategic plan that describes the goals, objectives, and themes of the division's work for 2006-08. Six themes contribute to the goal of improving the health status of people in Washington State. CFH prioritized the "Improve healthy behaviors" and "Address health disparities" themes for the 2006-08 timeframe. The maternal and child health priority of adequate nutrition and physical activity aligns with both of these themes and OMCH's activities are consistent with the division's strategies for achieving results.

Related Issues

Other OMCH priorities encompass issues related to physical activity and nutrition. Information about physical activity and nutrition related to child and adolescent development and safe and healthy communities can be found in the following issue briefs: (1) Safe and Healthy Communities and (2) Healthy Physical Growth and Cognitive Development.

References

- ⁱ Washington State Department of Health. 2006 *MCH Data and Services Report*, “Child Weight and Physical Activity”. Website:
http://www.doh.wa.gov/cfh/mch/mch_assessment/mchdatareport/mch_data_report_home.htm
- ⁱⁱ 2004 Healthy Youth Survey Analytic Report. Online survey:
<http://www3.doh.wa.gov/HYS/ASPX/HYSQuery.aspx>
- ⁱⁱⁱ MMWR September 30, 2005 / 54(38);955-958
- ^{iv} Behavioral Risk Factor Surveillance Survey (BRFSS), 2003
- ^v Washington State birth certificate data: Vital Statistics 2004, Washington State Department of Health, Center for Health Statistics, April 2006.
- ^{vi} 2006 *MCH Data and Services Report*, “Food Insecurity and Hunger”. Website:
http://www.doh.wa.gov/cfh/mch/mch_assessment/mchdatareport/mch_data_report_home.htm
- ^{vii} <http://www.healthypeople.gov/LHI/lhiwhat.htm>
- ^{viii} <http://www.doh.wa.gov/PHIP/default.htm>
- ^{ix} http://www.doh.wa.gov/strategic/StratPlan03_05_ed1.pdf

Maternal and Child Health Priority Issue Brief

MCH Priorities

Adequate nutrition
and physical activity

**Lifestyles free
of substance
use and
addiction**

Optimal mental
health and healthy
relationships

Safe and healthy
communities

Healthy physical
growth and cognitive
development

Sexually responsible
and healthy
adolescents and
women

Access to preventive
and treatment
services

Quality screening,
identification,
intervention, and
care coordination

Lifestyles Free of Substance Use and Addiction

Focus

This priority focuses on preventing the use of tobacco and illicit drugs among adolescents, pregnant women, and women of childbearing age. It also focuses on preventing alcohol use among adolescents and pregnant women, and on promoting responsible alcohol use among women of childbearing age. Activities that promote lifestyles free of substance use and addiction emphasize education and intervention.

Objectives and Expectations

The objective of this priority is to decrease the number of women, infants, children, and adolescents who suffer adverse effects from the use of tobacco, alcohol, and illicit drugs. Through efforts to educate women, children, and adolescents about tobacco, alcohol, and drugs we expect that:

- Fewer women, youth, and adolescents will choose to use tobacco, abuse alcohol, or use illicit drugs.
- More pregnant women will experience pregnancies free of tobacco related complications and more infants will be born at full term and at a healthy weight.
- Fewer infants and young children will be exposed to secondhand smoke.
- More infants will be born without alcohol-related birth defects and developmental disabilities.
- More youth and adolescents will make healthy decisions and adopt healthy behaviors.
- More youth will delay their first experiences with addictive substances.

Key Data from Washington

Smoking and Alcohol Use During Pregnancyⁱ

Tobacco smoking among women who gave birth in Washington State decreased significantly from 19.9 percent in 1992 to 10.8 percent in 2003.

Smoking during pregnancy was highest among women aged 15-19 years and decreased with age up until 35 years.

From 2001-03, an estimated 49 percent of new mothers reported drinking alcohol during the three months before becoming pregnant. Six percent reported drinking alcohol during their third trimester of pregnancy.

Substance Use in Adolescentsⁱ

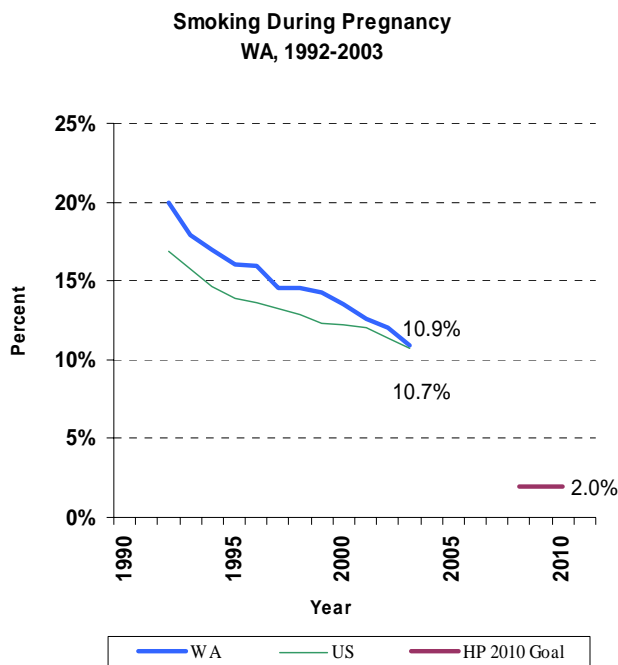
Regular tobacco use (tobacco use every day for the past 30 days) decreased overall among adolescents since 2002. However, among adolescents who regularly use tobacco, use increases as students get older. Less than 1 percent of sixth graders, about 1 percent of eighth graders, 3 percent of tenth graders, and 6 percent of twelfth graders report regular tobacco use.

In 2004, an estimated 4 percent of sixth graders, 18 percent of eighth graders, 33 percent of tenth graders, and 43 percent of twelfth graders used alcohol in the past 30 days. Between 2 percent and 8 percent of students reported ever using methamphetamine, cocaine, steroids, or ecstasy in their lifetime. For example, about 3 percent of students in Grade 8, 5 percent of students in Grade 10, and 6 percent of students in Grade 12 reported ever using methamphetamine. About 3 percent of eighth graders, 6 percent of tenth graders, and 8 percent of twelfth graders reported ever using cocaine.

Disparitiesⁱ

More American Indian/Alaska Native women, non-Hispanic women, and Native Hawaiian/Pacific Islander women report smoking during pregnancy than women of other races or ethnicities.

More Women on Medicaid, especially women receiving Temporary Assistance for Needy Families (TANF), report smoking during pregnancy compared to non-Medicaid women.



Activities

The Office of Maternal and Child Health (OMCH) works with other state agencies, local public health agencies, universities, community based organizations, and other entities. Technical and financial support from OMCH contributes to the delivery of health care services, development of health education materials, collection of data, and the development of systems to improve public health. Listed below are some OMCH-supported activities related to this priority. Activities that promote lifestyles free of substance use and addiction focus on assurance, policy development, education, and research and surveillance.

Pregnant Women and Women of Childbearing Age

Assurance

- Promote tobacco cessation through the First Steps Tobacco Cessation performance measure.
- Provide First Steps Maternity Support Services (MSS) such as screening, referral, and interventions to promote healthy lifestyles for low-income pregnant women.
- Support the Healthy Families Hotline¹ to link people to services.

Policy Development

- Collaborate with the Department of Health Tobacco Program to develop and promote tobacco cessation policies.
- Monitor legislation to promote lifestyles free of substance use and addiction.
- Participate in the Solutions for Chemically Dependent Families State Team, to develop interagency approaches related to substance use during pregnancy.

Education

- Develop and disseminate intervention and resource materials for health care providers.
- Promote the use of Washington State Tobacco Quit Line and the Fax Referral Program among health care providers and the public.
- Collaborate with the Department of Health Tobacco Program to provide cessation trainings to First Steps providers.
- Develop and disseminate CHILd Profile health promotion messages to all families of children ages birth to six years.
- Develop and disseminate preconception health education materials for women.

Infants, Children, and Youth²

Policy Development

- Disseminate “Guidelines for Testing and Reporting Drug Exposed Newborns.”
- Implement recommended strategies from the Washington Healthy Youth Plan.

¹ The Family Health Hotline used to be known as Healthy Mothers, Healthy Babies (HMHB) Hotline. The organization that operates the hotline recently changed its name from ‘Healthy Mothers, Healthy Babies’ to ‘WithinReach: Essential Resources for Family Health’ and it operates several other hotlines in addition to the Family Health Hotline.

² Infants are defined as those who are aged birth to 1 year. Children are defined as those who are between 1 and 5 years old. Youth are those who are between 6 and 18 years old. Some activities target all ages or apply to families.

- Coordinate with the Department of Social and Health Services Division of Alcohol and Substance Abuse (DASA) on age of consent issues regarding access to treatment services for substance use.
- Collaborate with the Department of Health Tobacco Program to implement a youth-focused tobacco prevention campaign.

Education

- Train health care providers in “Keys to Caregiving,” “Nursing Child Assessment Satellite Training (NCAST),” “First Relationships,” and the effects of secondhand smoke.
- Disseminate best practice materials that encourage providers to screen for alcohol, tobacco, and drug use and to intervene.
- Disseminate hospital guidelines for testing and reporting substance-exposed newborns.
- Disseminate Bright Futures materials through local health agencies to Head Start, Early Childhood Education and Assistance Program (ECEAP), and health care plans.
- Educate First Steps families to reduce secondhand smoke exposure.
- Proposed future education activities include:
 - Developing and disseminating educational materials targeting teens.

Research, Surveillance, and Best Practices

Data

- OMCH maintains data from surveillance systems and population-based surveys that track tobacco and substance use. Related surveillance systems and surveys include:
 - Pregnancy Risk Assessment Monitoring System (PRAMS).
 - First Steps database.
 - Behavioral Risk Factor Surveillance System (BRFSS).
 - Vital Statistics (birth and death certificates).
 - National Survey of Children with Special Health Care Needs.
 - National Child Health Survey.
 - Healthy Youth Survey.

Examples of Best Practices

- Provide “Keys to Caregiving,” “NCAST,” and “First Relationships” training.
- Encourage brief intervention for substance use, including tobacco, in women’s health care settings such as primary care, prenatal care, and family planning.
- Promote the use of the Washington State Tobacco Quit Line Fax Referral Program for pregnant women in order to increase the quit attempt rate.

Other Public Health Agendas

By identifying lifestyles free of substance use and addiction as a priority issue for OMCH, the office ensures that its work is consistent with the intent of the state performance measures defined in the Maternal and Child Health Title V Block Grant and other national and state public health agendas and that its work meets the needs of the people it serves. Healthy People 2010, the Public Health Improvement Plan (PHIP), the Washington State Department of Health Strategic Plan, and the Division of Community and Family Health Strategic Plan serve as guiding documents for Washington's public health system. Each of these emphasizes the importance of achieving and maintaining lifestyles free of substance use and addiction in improving public health.

Healthy People 2010

Healthy People 2010 identifies ten leading health indicatorsⁱⁱ for high-priority public health issues. These indicators are used as the basis for public health priority-setting and decision-making. Related objectives will be used to measure the health of the nation over the next ten years. "Tobacco use" and "Substance abuse" are the leading health indicators most closely related to this OMCH priority.

Some of the Healthy People 2010 objectives selected to measure progress for these indicators among women and children are:³

- Increase the age and proportion of adolescents who remain alcohol and drug free. (26-9)
- Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women. (16-17)
- Increase smoking cessation during pregnancy. (27-6)
- Reduce the proportion of children who are regularly exposed to tobacco smoke at home. (27-9)
- Reduce tobacco use by adolescents. (27-2)

Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)ⁱⁱⁱ identifies five key determinants of health: environment, medical care, social circumstances, genetics, and behavior. The PHIP establishes 52 health status indicators under six broad areas. Indicators for substance use are described in the healthy behaviors category. Substance use indicators include: (1) the percent of adults reporting current cigarette smoking, (2) the percent of women who report smoking during the last three months of pregnancy, (3) the percent of tenth graders who report smoking cigarettes in the past 30 days, and (4) the percent of tenth graders who report drinking any alcohol in the past 30 days.

Department of Health Strategic Plan

The Department of Health Strategic Plan^{iv} created seven long-term goals for public health with related objectives and strategies. Goals 1 and 4 encompass the OMCH priority of lifestyles free of substance use and addiction. Goal 1 is to improve the health of all Washington State residents. The related objectives for this goal are to demonstrate improvement of health status for the people in Washington State and improve the quality of public health and health care services. The strategies for accomplishing these objectives include integrating social determinants such as job opportunities,

³ The number in parentheses represents the objective number. Healthy People 2010 objectives are available in Healthy People 2010 Volumes I and II on-line at: <http://www.healthypeople.gov/Publications/>.

education, housing, and access to resources into the work of the department, using the PHIP key health indicators to guide decision-making, and assisting communities in addressing access to care. Goal 4 is “enhance strategic partnerships and collaborative relationships.” The related objectives for this goal include supporting partners in meeting community health goals through strategies such as supporting, evaluating, and disseminating best practices and providing community health assessment support. OMCH’s efforts to promote lifestyles free of substance use and addiction among women and adolescents contribute to these goals and use the stated strategies for achieving desired outcomes.

Community and Family Health Strategic Plan

The Division of Community and Family Health (CFH) within the Washington State Department of Health created a strategic plan that describes the goals, objectives, and themes of the division’s work for 2006-08. Six themes contribute to the goal of improving the health status of people in Washington State. CFH prioritized the “Improve healthy behaviors” and “Address health disparities” themes for the 2006-08 timeframe. The maternal and child health priority of lifestyles free of substance use and addiction aligns with both of these themes and OMCH’s activities are consistent with the division’s strategies for achieving results.

Related Issues

Other OMCH priorities encompass issues related to substance use and addiction. Information about injury prevention, access to prenatal care, and screening for drug and alcohol use during pregnancy and adolescence can be found in the following issue briefs: (1) Safe and Healthy Communities; (2) Access to Preventive and Treatment Services; and (3) Quality Screening, Identification, Intervention, and Care Coordination.

References

-
- ⁱ Washington State Department of Health. *2006 MCH Data and Services Report*. Olympia, WA. 2006 Jan. 218 p. Available at: http://www.doh.wa.gov/cfh/mch/mch_assessment/mchdatareport/mch_data_report_home.htm.
- ⁱⁱ <http://www.healthypeople.gov/LHI/lhiwhat.htm>
- ⁱⁱⁱ <http://www.doh.wa.gov/PHIP/default.htm>
- ^{iv} http://www.doh.wa.gov/strategic/StratPlan03_05_ed1.pdf

Maternal and Child Health Priority Issue Brief

MCH Priorities

Adequate nutrition
and physical activity

Lifestyles free of
substance use and
addiction

**Optimal mental
health and
healthy
relationships**

Safe and healthy
communities

Healthy physical
growth and cognitive
development

Sexually responsible
and healthy
adolescents and
women

Access to preventive
and treatment
services

Quality screening,
identification,
intervention, and
care coordination

Optimal Mental Health and Healthy Relationships

Focus

This priority focuses on promoting activities and policies that support the development of healthy relationships and contribute to optimal mental health. This priority emphasizes a public health approach to mental health.

Programs and activities within the Office of Maternal and Child Health (OMCH) that support optimal mental health and healthy relationships for women, infants, children, adolescents, and families focus on promoting secure attachments between young children and their parents and caregivers, connections to school for children and youth who attend school, and adequate social support among pregnant women and parents. This includes activities that promote the development of appropriate response behaviors and resilience skills¹ and the skills for avoiding negative or unhealthy relationships.

Objectives and Expectations

Optimal mental health and healthy relationships provide the foundation for success in school, work, and life and are essential to overall health.¹

We expect that efforts to promote optimal mental health and healthy relationships will result in social environments and public policies that lead to:

- Nurturing relationships between parents and children.
- Children who start kindergarten with the social and emotional skills needed to be successful.
- Youth who are able to maintain healthy peer relationships and make healthy decisions.

¹ Response behaviors include: expressing thoughts and feelings appropriately with adequate vocabulary and self-control, sustaining attention and focusing attention, demonstrating impulse control, and seeking help when needed. Resilience refers to internal processing of thoughts, feelings, and experiences such as adapting appropriately to changes, having an appropriate self-image, confidence, courage, hope, and sense of humor.

Key Data from Washington

Relationships

In 2003, approximately 4 percent of childbearing women reported physical violence by husbands or partners during their most recent pregnancies.ⁱⁱ

In 2002, 7 percent of students in eighth grade and 9 percent of students in Grades 10 and 12 reported that during the past 12 months their boyfriends or girlfriends limited their activities, threatened them, or made them feel unsafe in some way.ⁱⁱⁱ

Results of the 2004 Healthy Youth Survey indicate that approximately 76 percent of eighth graders, 83 percent of tenth graders, and 85 percent of twelfth graders would seek help for friends who are depressed or suicidal.ⁱⁱⁱ

In 2004, 8 percent of students in Grades 6, 8, and 10 and 7 percent of students in Grade 12 reported that they didn't have people or places to turn to for help when they were feeling sad or hopeless.ⁱⁱⁱ

Mental Health

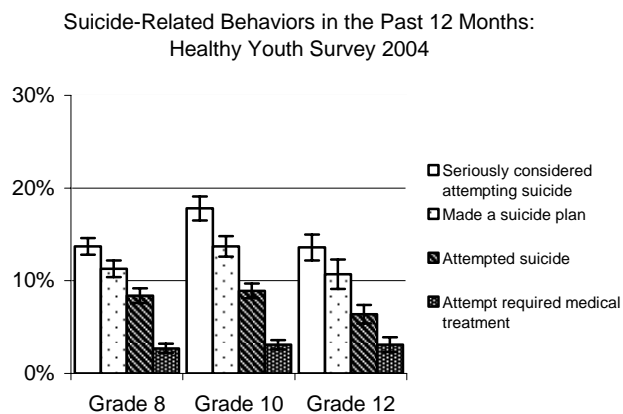
About four out of five students in Grades 8, 10, and 12 who responded to the Healthy Youth Survey reported that they did not have emotional problems that would last longer than six months.ⁱⁱⁱ

In the 2004 Healthy Youth Survey, about one half of students in Grades 8, 10, and 12 reported that they look forward to their future.ⁱⁱⁱ

Mental Illness

According to the 2003 Pregnancy Risk Assessment Monitoring System (PRAMS) Survey, about 14 percent of new mothers reported moderate depression, 5 percent became severely depressed, and 3 percent became so depressed they needed help.ⁱⁱ

In the 2004 Healthy Youth Survey, about 29 percent of eighth graders, 33 percent of tenth graders, and 32 percent of twelfth graders reported symptoms of depression in the previous year.ⁱⁱⁱ



Disparities

Rates for depression symptoms among girls were significantly higher than boys in 2004. However, boys had higher rates of completed suicides than girls in the same year.ⁱⁱⁱ

Children with disabilities are twice as likely to suffer depression and four times as likely to attempt suicide as children without disabilities.ⁱⁱⁱ

Activities

The Office of Maternal and Child Health (OMCH) works with other state agencies, local public health agencies, universities, community based organizations, and other entities. Technical and financial support from OMCH contributes to the delivery of health care services, development of health education materials, collection of data, and the development of systems to improve public health. Activities that promote optimal mental health and healthy relationships focus on helping parents be better equipped to promote the social and emotional development of children and youth; promoting healthy relationships in families, child care, early learning programs, and schools; and improving access to effective, community-based, family and youth-directed mental health services. Listed below are some of the OMCH-supported activities related to optimal mental health and healthy relationships for women, children, and adolescents.

Pregnant Women and Women of Childbearing Age

Prevention

- The University of Washington School of Nursing trains health care providers who deliver Maternity Support Services and Infant Case Management Services support social-emotional health. Curricula include “Keys to Caregiving,” the Nursing Child Assessment Satellite Training (NCAST) program, promoting maternal mental health, and screening for postpartum depression.
- OMCH provides support to the Solutions for Chemically Dependent Families program in the Department of Social and Health Services (DSHS) to increase behavioral health services such as healthy relationships and parenting for chemically dependent pregnant and parenting women.
- Parent organizations provide mentoring and emotional support to parents of children with special health care needs.
- OMCH participated in the development of a statewide public awareness campaign to address postpartum depression led by the Washington Council for the Prevention of Child Abuse and Neglect (WCPCAN).
- Proposed future primary prevention activities include activities that will increase screening for and timely response to social and emotional issues in all women of childbearing age.

Policy Development

- Evidence-based information is provided to policymakers for use in developing policy regarding optimal mental health and healthy relationships.

Infants, Children, and Youth²

Prevention

- OMCH assists the Department of Health (DOH) representative to the Washington Council for the Prevention of Child Abuse and Neglect.
- The Early Childhood Comprehensive Systems Grant (“Kids Matter”) promotes and coordinates social, emotional, and mental health strategies and outcomes for children from birth to kindergarten entry.
- Child care health consultants receive training regarding social and emotional issues to help them provide consultation to providers of infant and toddler child care.
- Infants with hearing loss receive early intervention and parent-child attachment is improved through the early identification of infants with hearing loss.
- Foster parents receive mental health promotion training through the “Bright Futures for Children and Youth in Foster Care” project.

²Infants are defined as those who are aged birth to 1 year. Children are defined as those who are between 1 and 5 years old. Youth are those who are between 6 and 18 years old. Some activities target all ages or apply to families.

- The Department of Social and Health Services (DSHS) WorkFirst-Children with Special Health Care Needs (CSHCN) Initiative provides an opportunity for CSHCN Coordinators to assess the unique care requirements of children with special needs and to connect their families with available services.
- The Family Violence Prevention Workgroup identifies and promotes strategies for healthy relationships for youth aged 11-14 years.
- OMCH coordinates with the DOH Injury Prevention program to implement the Youth Suicide Prevention Plan.
- Adolescent health fact sheets related to social, emotional, and mental health issues such as suicide prevention and communication between parents and teens are developed and distributed to parents and teens on request.
- A statewide public awareness campaign encourages youth to delay sexual activity until they are developmentally ready.
- Parents receive the “Speak Up When You’re Down” postpartum depression brochure in the one-month CHILD Profile mailing.
- Proposed future primary prevention activities include developing additional CHILD Profile materials that promote social and emotional development.

Policy Development

- OMCH supports and participates in efforts to make communities more accessible to individuals of all ages with disabilities.
- DOH participates on the Mental Health Transformation Work Group. OMCH staff coordinates and informs DOH involvement with this effort.
- OMCH participates on the Children’s Subcommittee of the DSHS Division of Mental Health Planning and Advisory Committee.
- Proposed future policy development activities include activities to identify additional mental health resources for children with special health care needs.

Research, Surveillance, and Best Practices

Data

- The annual “MCH Data and Services Report” and the “Adolescent Needs Assessment” include mental health data and service information.
- OMCH evaluates survey data and works to identify the best indicators to measure mental health.
- “The Children’s Mental Health Needs Assessment” sought to define the role of public health in mental health; ascertain the prevalence of mental illness diagnoses, risk factors, and protective factors among children; identify groups of children at risk for mental illness; and develop a framework for future mental health needs assessments. (http://www.doh.wa.gov/cfh/mch/documents/CMH_Needs_Assessment.pdf.)
- The Early Hearing Loss Detection Diagnosis and Intervention (EHDDI) program conducts surveillance and collects information on the number of infants who are screened for hearing loss and receive referrals for early intervention.
- OMCH and the Department of Social and Health Services Mental Health Division and WorkFirst program share and evaluate data of mutual interest.
- The Healthy Youth Survey collects information about depression, suicide, and well-being from youth in Washington State.
- Pregnancy Risk Assessment Monitoring System (PRAMS) Survey collects data related to provider screening for postpartum depression, maternal depression.
- The maternal mortality surveillance system gathers data related to mental health.

Examples of Best Practices

- The University of Washington and OMCH promote the use of the Bright Futures³ health promotion materials including mental health specific materials.^{IV}
- Maternity Support Services includes a behavioral health component to assist low-income pregnant women and new mothers in developing necessary skills and behaviors that may affect pregnancy and parenting outcomes. The program addresses domestic violence, mental health concerns, substance abuse, grief and loss issues, and social support.

Other Public Health Agendas

By identifying optimal mental health and healthy relationships as a priority issue for OMCH, the office ensures that its work is consistent with the intent of the state performance measures defined in the Maternal and Child Health Title V Block Grant and other national and state public health agendas and that its work meets the needs of the people it serves. Healthy People 2010, the Public Health Improvement Plan (PHIP), the Washington State Department of Health Strategic Plan, and the Division of Community and Family Health Strategic Plan serve as guiding documents for Washington's public health system. Each of these emphasizes the importance of achieving and maintaining optimal mental health and healthy relationships in improving public health.

Healthy People 2010

Healthy People 2010 identifies ten leading health indicators^V for high-priority public health issues. These indicators are used as the basis for public health priority-setting and decision-making. Related objectives will be used to measure the health of the nation over the next ten years. The leading health indicators related to OMCH's goal to promote optimal mental health and healthy relationships are "Mental health" and "Injury and violence."

Some of the Healthy People 2010 objectives selected to measure progress for these indicators among women and children are:⁴

- Increase the proportion of adults with recognized depression who receive treatment. (18-9b)
- Reduce the suicide rate. (18-1)
- Reduce the rate of suicide attempts by adolescents. (18-2)
- Reduce the proportion of homeless adults who have serious mental illness (SMI). (18-3)
- Reduce maltreatment and maltreatment fatalities of children. (15-33)
- Reduce the rate of physical assault by current or former intimate partners. (15-34)

Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)^{VI} identifies five key determinants of health: environment, medical care, social circumstances, genetics, and behavior. The PHIP establishes 52 health status indicators under six broad areas. The health indicator used to assess mental health is the percent of adults who report 14 or more days of poor mental health in the past month. The key health indicators identified in the PHIP to assess healthy relationships fall under the category of safe and supportive families. These indicators are: (1) percent of youth who report eating dinner with their families most of the time or always, (2) number of offenses involving

³ Bright Futures is a set of nationally developed health guidelines. <http://www.brightfutures.aap.org/web/>.

⁴ The number in parentheses represents the objective number. The Healthy People 2010 objectives are available in Healthy People 2010 Volumes I and II on-line at: <http://www.healthypeople.gov/Publications/>.

domestic violence per 1,000 population, and (3) number of reports of children younger than 18 years who were abused or neglected per 1,000 population.

Department of Health Strategic Plan

The Department of Health Strategic Plan^{vii} created seven long-term goals for public health with related objectives and strategies. Goal 1 is to improve the health of all Washington State residents. The first objective for this goal is to demonstrate improvement of health status for the people in Washington State. The strategies for accomplishing this objective include integrating social determinants such as job opportunities, education, housing, and access to resources into the work of the department and using the PHIP key health indicators to guide decision-making.

Community and Family Health Strategic Plan

The Division of Community and Family Health (CFH) within the Washington State Department of Health created a strategic plan that describes the goals, objectives, and themes of the division's work for 2006-08. Six themes contribute to the goal of improving the health status of people in Washington State. CFH prioritized the "Improve healthy behaviors" and "Address health disparities" themes for the 2006-08 timeframe. The maternal and child health priority of optimal mental health and healthy relationships aligns with both of these themes and OMCH's activities are consistent with the division's strategies for achieving results.

Related Issues

Other OMCH priorities encompass issues related to mental health and healthy relationships. Information about injury prevention and infant, child, and adolescent social and cognitive development can be found in the following issue briefs: (1) Safe and Healthy Communities, (2) Healthy Physical Growth and Cognitive Development, (3) Access to Preventive and Treatment Services, and (4) Quality Screening, Identification, Intervention, and Care Coordination.

References

ⁱ US Department of Health and Human Services. *Mental Health: A Report of the Surgeon General – Executive Summary*. Rockville, MD: 1999.

ⁱⁱ Washington Pregnancy Risk Assessment Monitoring System (PRAMS). 2002.

ⁱⁱⁱ Washington State Healthy Youth Survey 2002 & 2004. Office of Superintendent of Public Instruction, Department of Health, Department of Social and Health Services, and Department of Community, Trade, and Economic Development, and RMC Research Corporation. www3.doh.wa.gov/HYS/ASPX/HYSQuery.aspx

^{iv} <http://brightfutures.aap.org/web/> or http://depts.washington.edu/chdd/ucedd/ctu_5/prombright_5.html

^v <http://www.healthypeople.gov/LHI/lhiwhat.htm>

^{vi} <http://www.doh.wa.gov/PHIP/default.htm>

^{vii} http://www.doh.wa.gov/strategic/StratPlan03_05_ed1.pdf

Maternal and Child Health Priority Issue Brief

MCH Priorities

Adequate nutrition
and physical activity

Lifestyles free of
substance use and
addiction

Optimal mental
health and healthy
relationships

Health Disparities
(TBD)

Safe and healthy communities

Healthy physical
growth and cognitive
development

Sexually responsible
and healthy
adolescents and
women

Access to preventive
and treatment
services

Quality screening,
identification,
intervention, and
care coordination

Safe and Healthy Communities

Focus

This priority focuses on helping communities reduce injuries and prevent child abuse and neglect. It also focuses on promoting healthy physical environments¹ and built environments² that encourage physical activity and aim to ensure healthy air and drinking water.

Activities that promote a safe and healthy community focus on educating the public and developing policies to support injury prevention, emphasize safety, and improve the quality of the environment. Activities generally involve educating health care providers and the public on ways to prevent injuries, stop domestic violence, and create safe and healthy surroundings. Research, surveillance, and data analysis activities gather information about behaviors and risks that affect women and children. This information guides program activities and policy making.

Objectives and Expectations

The objective of this priority is to create safe and healthy communities through awareness and use of injury prevention strategies. Through efforts to secure safe and healthy environments we expect that:

- More women will be free from violence and abuse before, during, and after pregnancy.
- Fewer infants, children, and youth will become injured or die as the result of neglect, abuse, motor vehicle crashes, incorrect car seat installation, unsafe sleeping environments, and unintentional injuries.
- More children and adolescents will use helmets and seat belts and experience less physical violence from their peers.
- More communities will create built environments that encourage physical activity for people of all abilities and ensure safe drinking water and good indoor air quality.

¹ The physical environment includes safe food and clean air, water, and land.

² Built environments are those spaces affected by elements such as land use planning, road planning, sidewalk development, and building design.

Key Data from Washington

Homes, Communities, and the Environment

Smoke alarms: Among women responding to the 2003 Pregnancy Risk Assessment Monitoring System (PRAMS) survey 93.5 percent had working smoke alarms in their homes.ⁱ

Outdoor activities: According to data from the 2004 Healthy Youth Survey, 52 percent of sixth graders, 62.1 percent of eighth graders, 56.1 percent of tenth graders, and 50.4 percent of twelfth graders reported that crossing the street was easy when they were bicycling or walking. Comparably, 51.5 percent of students in Grade 8, 47.2 percent of students in Grade 10, and 51.7 percent of students in Grade 12 who had special health care needs reported that crossing the street was easy when they were bicycling or walking.ⁱⁱ

Indoor air quality: The 2000 Washington State Survey of Adolescent Health Behaviors (WSSAHB) found that 62 percent of sixth graders had been in a room with someone who was smoking and 38 percent had ridden in a car with someone who was smoking at least once during the previous seven days. The number of schools in Washington reporting indoor air quality problems increased between 1995 and 2000. This trend might reflect greater awareness or more problems resulting from design, construction, remodeling, or aging of school buildings.ⁱⁱⁱ

Asthma: Approximately 120,000 youth in Washington have asthma and one in ten households with children have at least one child with asthma. The number of Washington youth with asthma is greater than the national rate and is increasing.^{iv}

Fluoride: Fifty-eight percent of communities in Washington have optimally fluoridated water supplies. Nationally, 65.8 percent of the population uses public water supplies that are optimally fluoridated.^v

Pesticides: In 2004, there were 22 definite, probable, or possible cases of pesticide-related illnesses reported among children less than 18 years old. Sixteen of these occurred at the children's homes. In 2000, 56 cases were reported.^{vi}

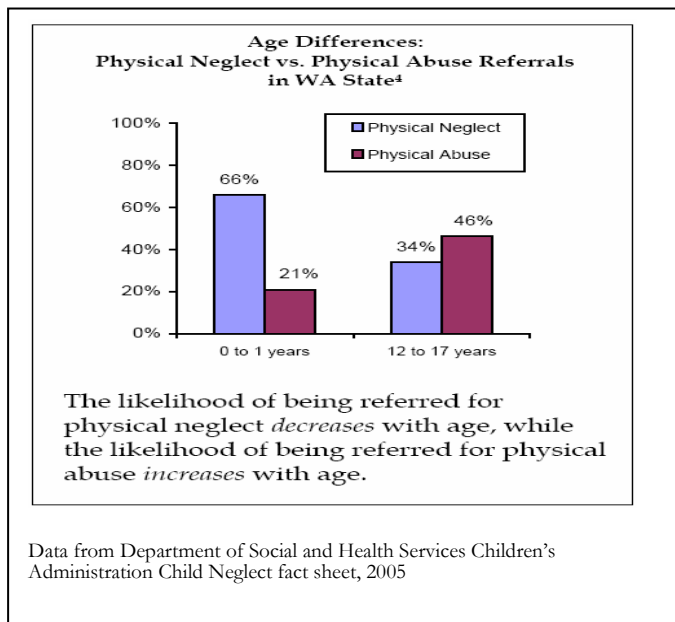
Mercury: Recent studies have found traces of mercury in tuna and some other types of fish. Pregnant women, nursing mothers, women who might become pregnant, and children are advised to limit consumption of tuna and other fish products.^{vii}

Injuries

Unintentional Injuries: Injuries are the leading cause of death for Washington children over 1 year of age. The leading causes of death resulting from unintentional injuries are motor vehicle crashes, drowning, and suffocation. In 2003, the overall rate of fatalities resulting from unintentional injuries among 0-19 year olds was 11.9 per 100,000 people. The two age groups with the highest fatality rates associated with unintentional injuries are 15-19 year olds and those less than 1 year old. Additionally, males have higher unintentional injury death rates than females.^{viii}

Intentional Injuries: Intentional injuries include those involving weapons, physical fighting, and suicide. Data from the 2004 Healthy Youth Survey indicate that 10 percent of eighth graders, 9.6 percent of tenth graders, and 8.3 percent of twelfth graders carried a weapon within the previous month. In the same survey, when asked if they had seriously considered suicide in the past year, approximately 14 percent of students in Grades 8 and 12 said yes, compared to about 18 percent of students in Grade 10. Approximately 8 percent of eighth graders reported having attempted suicide compared to 9 percent of tenth graders and 6 percent of twelfth graders.^{viii}

Abuse and Neglect



Abuse was the primary factor in 5 percent (67) of the 1,351 unexpected deaths among children between 1999 and 2002. Neglect was the primary factor in 15 percent (203) of the unexpected deaths among children during the same time period.^{ix}

In 2002, approximately 16-18 percent of Washington youth in Grades 8, 10, and 12 reported being physically abused by an adult at some point in their lives.^{viii}

In 2004, 39,025 domestic violence offenses (including 61 homicides) were reported in Washington State. When the relationship between the victim and the offender was reported in cases of murder and non-negligent homicide, 24 percent of the offenders were within the victims' families.^x

Disparities

From 2001-03, the intentional injury rate was over three times higher among males than females aged 0-19 years. Urban and mixed urban areas have significantly higher intentional injury hospitalizations than less urban areas in the state.

The rate of suicide mortality among American Indians/Alaska Natives is 11.4 per 100,000 people, which is more than two times that of whites (4.6 per 100,000).^{vii}

Among young children, asthma prevalence is higher for boys than for girls; by middle school age these differences reverse. In 2004, girls were significantly more likely than boys to have current asthma (11% compared to 7%). Youth with moderate or severe persistent asthma are significantly less likely to report high academic achievement and more likely to miss school than are youth with mild asthma or no asthma. Asthma hospitalization rates are significantly higher in urban areas than suburban or small town/rural areas.^{iv}

Activities

The Office of Maternal and Child Health (OMCH) works with other state agencies, local public health agencies, universities, community based organizations, and other entities. Technical and financial support from OMCH contributes to the delivery of health care services, development of health education materials, collection of data, and the development of systems to improve public health. Listed below are some OMCH-supported activities and outcomes related to promoting a safe and healthy community. Activities that promote a safe and healthy community focus on assurance, policy development, education, research, surveillance, and data analysis.

Pregnant Women and Women of Childbearing Age

Assurance

- Maternity Support Services provides screening, referrals, and interventions to detect risk situations and promote safe and healthy relationships for pregnant women.

Policy Development

- OMCH monitors legislation and promotes policies that support healthy relationships for pregnant women and women of childbearing age.
- OMCH promotes policies and enforcement of laws that aim to prevent injuries and improve food, water, and air quality.
- Interdisciplinary workgroups such as the Injury Prevention Workgroup consider data and policy options for reducing violence and injuries.
- OMCH collaborates with the Department of Health Asthma Control Program to develop the state asthma plan.

Education

- Health care providers receive information about domestic violence screening and referrals.
- The University of Washington trains First Steps providers about healthy relationships between infants and their parents and caregivers (“Keys to Caregiving”).
- The “9 Months to Get Ready” booklet, which includes information about domestic violence, is available to women who receive First Steps and Women, Infants, and Children (WIC) services.
- OMCH collaborates with the Washington State Coalition Against Domestic Violence to distribute the “Domestic Violence and Pregnancy Guidelines” booklet and “Domestic Violence Fact Sheet.”
- Local public health agencies, community based organizations, and health care providers educate women of childbearing age and pregnant women about injury prevention.

Infants, Children, and Youth³

Assurance

- Parents receive information through the First Steps Maternity Support Services (MSS) program about how to achieve healthy bonding and attachment relationships with infants.
- Children with Special Health Care Needs (CSHCN) Coordinators and public health nurses screen home environments as part of a broader assessment and recommend improvements and modifications to better manage chronic care needs and improve health outcomes. CSHCN Coordinators also help families identify means to pay for any necessary modifications.

Policy Development

- OMCH monitors legislation and policies that promote healthy relationships, injury prevention, and safe environments for infants and children.
- OMCH monitors legislation and policies regarding water fluoridation and works with the Department of Health Office of Drinking Water to promote fluoridated drinking water systems.
- OMCH works with the Family Support Initiative to increase community connections.

³Infants are defined as those who are aged birth to 1 year. Children are defined as those who are between 1 and 5 years old. Youth are those who are between 6 and 18 years old. Some activities target all ages or apply to families.

- OMCH partners with the Department of Community, Trade, and Economic Development (CTED), the Department of Social and Health Services (DSHS), community organizations, and businesses to work on community economic development and sustainable options for providing assistance to needy families.

Education

- The Department of Social and Health Services Solutions for Chemically Dependent Families program promotes healthy relationships for chemically dependent pregnant and parenting women.
- The University of Washington trains First Steps providers about healthy relationships between infants and their parents and caregivers (“Keys to Caregiving”).
- First Steps Maternity Support Services (MSS) providers receive and disseminate information regarding injury prevention for infants.
- Local Child Death Review Teams review data related to unexpected deaths among children and make recommendations to communities about how to prevent similar deaths.
- The Youth Suicide Prevention Program provides (1) public awareness through media messages and resource materials, (2) gatekeeper training to adults who interact with children and youth, (3) education in schools, and (4) support to communities to address suicide prevention.
- Child care providers receive information about preventing injuries to infants and children.
- Healthy Child Care Washington and the Washington State Child Care Resource and Referral Network educate parents and caregivers about environmental safety.
- OMCH works with the Department of Ecology and other partners to promote safe and clean playgrounds.
- OMCH maintains a list of summer camps suitable for children and youth with special health care needs.

Families

Assurance

- Disability Awareness Starts Here (DASH) Boards in Kitsap, Grays Harbor, Spokane, and Jefferson Counties evaluate community access for people with disabilities.
- Children with Special Health Care Needs (CSHCN) Coordinators and other public health nurses screen home environments as part of a broader assessment and recommend improvements and modifications to better manage chronic care needs and improve health outcomes. CSHCN Coordinators also help families identify means to pay for any necessary modifications.

Policy Development

- OMCH monitors legislation regarding disabilities and special needs issues.
- A representative from OMCH serves on the Governor’s Developmental Disabilities Council.
- OMCH collaborates with the Division of Environmental Health to analyze legislation to improve school and outdoor air quality.

Education

- All families in Washington State with children aged birth - 6 years receive messages regarding safety and injury prevention. Messages include information about car seat safety, women’s health, and growth and development.
- Local public health agencies and community based organizations provide information to parents and caregivers on injury prevention related to proper use of car seats and booster seats and firearm safety.
- OMCH supports Disability Awareness Starts Here Boards’ community awareness efforts to educate community members about disabilities issues.

- Local public health agencies provide information about emergency and disaster preparedness to families with children with special health care needs.
- Parents receive CHILD Profile Health Promotion messages about protecting children from lead and other toxins.

Research and Surveillance

- OMCH collects and analyzes data from national surveys such as the National Survey of Children with Special Health Care Needs and the Child Health Survey.
- OMCH collects information about youth and adolescent behaviors through the Healthy Youth Survey.
- OMCH maintains several surveillance systems to collect data about environmental safety and health and pregnancy. These include the Pregnancy Risk Assessment and Monitoring System (PRAMS), the Behavioral Risk Factor Surveillance System (BRFSS), Child Death Review, Birth Defects Surveillance records, and other existing data sources such as birth and death certificates and hospitalization records.
- Maternal and Child Health Assessment works to develop resources to support increased analysis of data related to violence and injury prevention.
- OMCH publishes and disseminates the “Disability in Washington Report,” which utilizes data from the Census and the state specific BRFSS-Disability Supplement.

Other Public Health Agendas

By identifying safe and healthy communities as a priority issue for OMCH, the office ensures that its work is consistent with the intent of the state performance measures defined in the Maternal and Child Health Title V Block Grant and other national and state public health agendas and that its work meets the needs of the people it serves. Healthy People 2010, the Public Health Improvement Plan (PHIP), the Washington State Department of Health Strategic Plan, and the Division of Community and Family Health Strategic Plan serve as guiding documents for Washington’s public health system. Each of these emphasizes the importance of achieving and maintaining safe and healthy communities in improving public health.

Healthy People 2010

Healthy People 2010 identifies ten leading health indicators^{xi} for high-priority public health issues. These indicators are used as the basis for public health priority-setting and decision-making. Related objectives will be used to measure the health of the nation over the next ten years. The leading health indicators related to safe and healthy communities are “Injury and violence” and “Environmental quality.”

There are over 60 objectives related to these two indicators in the Healthy People 2010 report. Some of the Healthy People 2010 objectives selected to measure progress for these indicators among women and children are:⁴

- Reduce maltreatment and maltreatment fatalities of children. (15-33)
- Reduce the rate of physical assault by current or former intimate partners. (15-34)
- Reduce deaths from motor vehicle crashes. (15-15)
- Reduce homicides. (15-32)
- Reduce physical fighting among adolescents. (15-38)
- Increase functioning residential smoke alarms. (15-26)

⁴ The number in parentheses represents the objective number. Healthy People 2010 objectives are available in Healthy People 2010 Volumes I and II on-line at: <http://www.healthypeople.gov/Publications/>.

- Increase use of seat belts and child restraints. (15-20)
- Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act. (8-5)
- Eliminate elevated blood lead levels in children. (8-11)
- Reduce pesticide exposures that result in visits to a health care facility. (8-13)
- Reduce indoor allergen levels. (8-16)
- Increase the proportion of trips made by walking. (24-14)
- Increase the proportion of trips made by bicycling. (24-15)
- Increase the proportion of adults with disabilities who participate in social activities. (6-4)

Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)^{xii} identifies five key determinants of health: environment, medical care, social circumstances, genetics, and behavior. The PHIP establishes 52 health status indicators under six broad areas. Three of these categories contain indicators relevant to safe and healthy communities. Overall health is the first area and it includes indicators related to injuries. The health indicators used to assess safety and risk of injury are the rates of death associated with motor vehicle crashes, poisoning, and drowning. The second area encompasses health status indicators related to safe and supportive surroundings (environmental health). Indicators related to this capture data about safe drinking water and air quality among other environmental aspects. The third area includes indicators that address safe and supportive communities. Indicators used to measure this include rates associated with poverty, trust of others, high school graduation, crime, and unintentional injuries.

Department of Health Strategic Plan

The Department of Health Strategic Plan^{xiii} created seven long-term goals for public health with related objectives and strategies. Goal 1 is to improve the health of all Washington State residents. The first objective for this goal is to demonstrate improvement of health status for the people in Washington State. The strategies for accomplishing this objective include addressing the incidence of injury and using the PHIP key health indicators described above to guide decision-making.

Community and Family Health Strategic Plan

The Division of Community and Family Health (CFH) within the Washington State Department of Health created a strategic plan that describes the goals, objectives, and themes of the division's work for 2006-08. Six themes contribute to the goal of improving the health status of people in Washington State. CFH prioritized the "Improve healthy behaviors" and "Address health disparities" themes for the 2006-08 timeframe. The maternal and child health priority of safe and healthy communities aligns with both of these themes and OMCH's activities are consistent with the division's strategies for achieving results.

Related Issues

Other OMCH priorities encompass issues related to safe and healthy communities. Information about physical activity, growth and development, and mental health and healthy relationships can be found in the following issue briefs: (1) Adequate Nutrition and Physical Activity, (2) Optimal Mental Health and Healthy Relationships, and (3) Healthy Physical Growth and Cognitive Development.

References

- ⁱ Washington Pregnancy Risk Assessment Monitoring System (PRAMS) 2003.
- ⁱⁱ Healthy Youth Survey 2004.
- ⁱⁱⁱ Washington State Department of Health. *2002 Health of Washington State*. “Environmental Health.” Web site: http://www.doh.wa.gov/HWS/doc/EH/EH_INAQ.doc
- ^{iv} Washington State Department of Health. *MCH Data and Services Report 2006*, “Asthma.” Web site: http://www.doh.wa.gov/cfh/mch/mch_assessment/mchdatareport/mch_data_report_home.htm
- ^v <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5107a2.htm>
- ^{vi} Washington State Department of Health Division of Environmental Health, Pesticide Incidence Reporting and Tracking (PIRT) 2005 Annual Report, Web site: <http://www.doh.wa.gov/ehp/ts/PIRT/pirt2005ar/pirt2005he6.pdf>.
- ^{vii} Washington State Department of Health. *MCH Data and Services Report 2006*. “Unintentional Injury: Mortality and Hospitalizations.” http://www.doh.wa.gov/cfh/mch/mch_assessment/mchdatareport/2005_pdfs/DataChapters/unint_inj_mort.pdf
- ^{viii} Washington State Department of Health. 2002 and 2004 Healthy Youth Survey. Online web query: <http://www3.doh.wa.gov/HYS/ASPX/HYSQuery.aspx>
- ^{ix} Child Death Review 1999-2002.
- ^x Washington Association of Sheriffs and Police Chiefs: *Crime in Washington 2004 Report*, http://www.waspc.org/wucrwibr/CIW_2004.pdf
- ^{xi} <http://www.healthypeople.gov/LHI/lhiwhat.htm>
- ^{xii} <http://www.doh.wa.gov/PHIP/default.htm>
- ^{xiii} http://www.doh.wa.gov/strategic/StratPlan03_05_ed1.pdf

Maternal and Child Health Priority Issue Brief

MCH Priorities

Adequate nutrition and physical activity

Lifestyles free of substance use and addiction

Optimal mental health and healthy relationships

Health Disparities (TBD)

Safe and healthy communities

Healthy physical growth and cognitive development

Sexually responsible and healthy adolescents and women

Access to preventive and treatment services

Quality screening, identification, intervention, and care coordination

Healthy Physical Growth and Cognitive Development

Focus

This priority focuses on preventive care, screening, and early intervention services at every stage of physical growth and cognitive development.¹ It emphasizes the connection between growth and developmental milestones with communication skills, school readiness, and life-long success.

Objectives and Expectations

The objective of activities related to healthy physical growth and cognitive development is to ensure the birth of healthy infants and the nurturing and care of children and adolescents at home, child care, school, and health care settings.

As a result of these efforts, we expect that:

- Pregnant women will adopt healthy behaviors and get tested for conditions that could affect the health of their infants.
- Infants will be screened for specific conditions and receive appropriate interventions and care if needed.
- Parents will have the skills and knowledge necessary to help their children develop to their full potential.
- Children will attend licensed child care centers and preschools that are staffed by well-trained personnel.
- Children will be both physically and cognitively ready for school.
- Children will receive preventive health and dental care such as well-child visits, immunizations, and dental sealants.
- Adolescents will understand and engage in healthy behaviors.
- Families with children will receive comprehensive, coordinated health care within a medical home² and have adequate insurance for the services they need.

¹ Physical growth refers to height and weight. Cognitive growth refers to communication, thinking, and reasoning skills.

² The Medical Home is a model of primary health care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.

Key Data from Washington

Newborn Screening and Immunizations

In 2004, newborns in Washington State were screened for nine disorders.³ Table 1 shows the number of newborns who tested positive for five disorders and the number who received treatment.ⁱ In 2005, 88 percent of newborns were screened for hearing loss before being discharged from the hospital.ⁱⁱ

Table 1.

	Phenylketonuria (PKU)	Congenital Hypothyroidism	Galactosemia	Sickle Cell Disease	Congenital Adrenal Hyperplasia (CAH)
# Tested Positive	8	56	2	10	7
# Received Treatment	6	56	2	9	7

In 2004, the immunization rate in Washington State was 77.7 percent for children aged 19 to 35 months who received the full schedule of age-appropriate immunizations against measles, mumps, rubella, polio, diphtheria, tetanus, pertussis, *Haemophilus Influenzae* type B, and hepatitis B.ⁱⁱⁱ

Preventive Care

According to the 2003 National Survey of Children's Health, approximately 54 percent of children with special health care needs in Washington received care within a medical home, compared to 52 percent of children who did not have special health care needs.^{iv}

According to the 2004 Health Plan Employer Data and Information Set (HEDIS) Report, approximately 40 percent of Medicaid children received at least six well-child visits by age 15-months.^v

In 2005, 174 schools in Washington had dental sealant programs.

School Readiness and Behaviors

According to the 2004 Healthy Youth Survey (HYS), approximately 60 percent of students in Grades 8, 10, and 12 had a physical exam within the previous year.

In 2004, an estimated 70 percent of high school students graduated within a 4-year period.^{vi}

Disparities

In 2004, females were more likely than males to graduate on time. Additionally, White and Asian/Pacific Islander youth had the highest graduation rates, whereas Native American youth had the lowest. Approximately half of Black, Hispanic, and special education youth graduated on time.^{vi}

Minority, low-income, and non-English speaking children have the highest levels of untreated tooth decay and dental disease and are less likely to have dental sealants.^{iv}

³ Washington State newborn screening panel included nine disorders in 2004: phenylketonuria (PKU), congenital hypothyroidism, galactosemia, sickle cell disease, congenital adrenal hyperplasia (CAH), maple syrup urine disease, homocystinuria, biotinidase, and medium chain acyl CoA dehydrogenase (MCAD) deficiency.

Activities

The Office of Maternal and Child Health (OMCH) works with other state agencies, local health jurisdictions (LHJs), universities, community based organizations, and other entities. Technical and financial support from OMCH contributes to the delivery of health care services, development of health education materials, collection of data, and the development of systems to improve public health. Listed below are some OMCH-supported activities directed at specific populations related to healthy physical growth and cognitive development.

Pregnant and Postpartum Women and Women of Childbearing Age

Health Care Services

- Provide direct case management for hepatitis B positive (HBsAg+) women and their partners.
- Promote healthy lifestyles among low-income pregnant women through First Steps Maternity Support Services (MSS).

Policy Development

- Monitor legislation and promote policies that aim to encourage healthy lifestyles among pregnant women and women of childbearing age.

Education

- Educate health care providers to screen pregnant women for hepatitis B, vaccinate newborns, and counsel pregnant women with hepatitis B about preventing transmission to sexual partners and others.
- Develop and disseminate a new preconception health education brochure that focuses on physical activity and healthy lifestyles for women.
- Send CHILDP Profile health promotion materials containing information on immunizations, health and development, and postpartum depression to parents of children aged birth - 6 years.
- Proposed future education activities include:
 - Provide prepregnancy health screening resources to primary care providers.
 - Increase the ability of providers to screen and work with clients to change behaviors, including physical activity, fruit and vegetable consumption, folic acid supplementation, tobacco and drug use, and contraception use.

Infants, Children, and Youth⁴

Health Care Services

- Conduct newborn screening including screening for hearing loss.
- Provide direct case management including vaccination services to infants born to hepatitis B-positive (HBsAg+) women.
- Provide routinely recommended childhood vaccines to health care providers to support complete immunization of all children.
- Provide consultation to child care providers through Healthy Child Care Washington (HCCW) on child development, health and safety, early brain development, and school readiness.

Policy Development

- Develop statewide recommendations for immunization practices relevant to individual vaccines.

⁴Infants are defined as those who are aged birth to 1 year. Children are defined as those who are between 1 and 5 years old. Youth are those who are between 6 and 18 years old. Some activities target all ages or apply to families.

- Monitor legislation and promote policies to improve the health of infants.
- Analyze proposed legislation regarding consent and confidentiality for developmentally appropriate health services for youth.
- Develop and disseminate “Kids Matter: Improving Outcomes for Children in Washington State,” a framework for building an early childhood system that includes physical, oral, and mental health components.
- Partner with the Governor’s office, the Office of Superintendent of Public Instruction (OSPI), the Legislature, and other stakeholders to distribute and use the Early Learning Benchmarks, which promote the link between health and school readiness.
- Develop a state plan to promote adolescent health through the Washington State Partnership for Youth (WSPY) to promote adolescent health and youth development.

Education

- Provide ongoing technical assistance to hospital-based screeners and midwives regarding all aspects of newborn screening.
- Provide training, educational materials, consultation, and technical assistance regarding best practices for vaccine administration, storage, and handling.
- Provide Maternity Support Services outreach and basic health messages to African American families in Pierce County.
- Offer clients education and support and train health care providers regarding smoking cessation.
- Distribute First Steps Basic Health Messages on safe sleeping, SIDS risk reduction, and safety.
- Work with the Medical Home Leadership Network (MHLN) to improve access to coordinated services for families who have children with special needs.
- Promote access to comprehensive services that address growth and development for teens with special health care needs through the Adolescent Health Transition project.
- Partner with the Office of Health Promotion on Coordinated School Health to reduce risk behaviors among youth.
- Provide training and resources to school nurses regarding students’ physical, oral, and mental health.
- Promote training and implementation of Bright Futures⁵ concepts and materials within existing middle childhood and adolescent health programs.
- Develop adolescent health fact sheets on various health topics and disseminate them to health providers, parents, and youth.
- Develop and distribute age-appropriate messages to youth (aged 11-14 years) and their parents about delaying sexual intercourse or sexual activity.
- Provide training to early intervention providers to increase their skills in working with children who are deaf or hard of hearing.

Families

Health Care Services

- Provide timely diagnostic confirmation of health conditions present at birth requiring early intervention.
- Work with families on domestic violence issues.
- Maintain the CHILd Profile Immunization Registry for health care providers to use to improve immunization practices.

⁵ Bright Futures is a set of nationally developed health guidelines for parents, children, and health care providers.
<http://www.brightfutures.aap.org/web/>.

Policy Development

- Monitor and update laws related to newborn screening and prenatal diagnosis of birth defects.

Education

- Provide and promote participation in ongoing continuing education regarding advances in the field of medical genetics.
- Provide technical assistance to communities with Disabilities Advisory Committees who are promoting environmental changes so people with disabilities have more access to the community.
- Provide technical assistance to audiologists regarding hearing assessments in infants and toddlers.
- Include information about the importance of newborn screening and appropriate developmental growth in CHILD Profile health promotion materials.
- Educate First Steps and Women, Infants, and Children (WIC) clients on the basics of pregnancy and prenatal care, breastfeeding, family planning, healthy lifestyles, postpartum adjustment, and newborn safety issues.
- Provide training to First Steps providers and pregnant women on safe and healthy environments, mental health, healthy relationships, and infant growth and development.
- Provide CHILD Profile health promotion materials to parents of young children, encourage medical providers to use the materials, and distribute materials to child care and other non-parental caregivers.
- Develop and disseminate messages for parents on the link between healthy child development and school readiness in collaboration with early childhood partners and parenting groups.
- Promote parent leadership activities to give parents the skills to be advocates for themselves, their children, and their community.

Research, Surveillance, and Best Practices

Data

- Monitor the number new hepatitis B-positive (HBsAg+) pregnant women, infants, and household contacts and monitor case management follow-up for post-identification treatment.
- Gather data on healthy lifestyles through surveys such as the Behavioral Risk Factor Surveillance System (BRFSS), the Healthy Youth Survey, and the Pregnancy Risk Assessment Monitoring System (PRAMS).
- Analyze data from the Early Hearing Loss Detection, Diagnosis, and Intervention (EHDDI) tracking system and other sources such as birth and death certificates, the college BRFSS database, the National Survey of Children with Special Health Care Needs, and Healthy Child Care Washington.

Examples of Best Practices

- Adhere to best practices and critical elements of care for all aspects of newborn screening and other genetic screening, testing, and clinical services.
- Generate periodic quality assurance reports from newborn screening systems, distribute the reports to hospitals and screeners, and use the reports to revise policies and procedures to maximize efficiencies.
- Ensure health promotion materials are developed using health education theory and regularly revise the materials to ensure they meet audience needs.
- Promote full and appropriate immunization for pregnant women and women of childbearing age with an emphasis on immunizing women before they become pregnant..

Other Public Health Agendas

By identifying healthy physical growth and cognitive development as a priority issue for OMCH, the office ensures that its work is consistent with the intent of the state performance measures defined in the Maternal and Child Health Title V Block Grant and other national and state public health agendas and that its work meets the needs of the people it serves. Healthy People 2010, the Public Health Improvement Plan (PHIP), the Washington State Department of Health Strategic Plan, and the Division of Community and Family Health Strategic Plan serve as guiding documents for Washington's public health system. Each of these emphasizes the importance of achieving and maintaining healthy physical and cognitive growth in improving public health.

Healthy People 2010

Healthy People 2010 identifies ten leading health indicators^{vii} for high-priority public health issues. These indicators are used as the basis for public health priority-setting and decision-making. Related objectives will be used to measure the health of the nation over the next ten years. The ten leading health indicators are: "Physical activity," "Overweight and obesity," "Tobacco use," "Substance abuse," "Responsible sexual behavior," "Mental health," "Injury and violence," "Environmental quality," "Immunization," and "Access to health care." Each of these indicators relates to healthy physical growth and cognitive development throughout the lifespan.

Some of the Healthy People 2010 objectives that measure outcomes related to healthy physical growth and cognitive development among women and children are:⁶

- Increase high school completion. (7-1)
- Increase the proportion of young children and adolescents who receive all vaccines that have been recommended for universal administration for at least five years. (14-24)
- Increase the proportion of pregnant women who receive early and adequate prenatal care. (16-6)

Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)^{viii} identifies five key determinants of health: environment, medical care, social circumstances, genetics, and behavior. The PHIP establishes 52 health status indicators under six broad areas. Two of these areas are: (1) how safe and supportive are our families and (2) how safe and supportive are our communities. Indicators for these include: (1) percent of families that regularly read to their young children and (2) percent of high school students dropping out of school.

Department of Health Strategic Plan

The Department of Health Strategic Plan^{ix} created seven long-term goals for public health with related objectives and strategies. Goal 1 is to improve the health of all Washington State residents. The first objective for this goal is to demonstrate improvement of health status for the people in Washington State. The strategies for accomplishing this objective include integrating social determinants such as job opportunities, education, housing, and access to resources into the work of the department and using the PHIP key health indicators to guide decision-making.

⁶ The number in parentheses represents the objective number. Healthy People 2010 objectives are available in Healthy People 2010 Volumes I and II on-line at <http://www.healthypeople.gov/Publications/>.

Community and Family Health Strategic Plan

The Division of Community and Family Health (CFH) within the Washington State Department of Health created a strategic plan that describes the goals, objectives, and themes of the division's work for 2006 - 2008. Six themes contribute to the goal of improving the health status of people in Washington State. CFH prioritized the "Improve healthy behaviors" and "Address health disparities" themes for the 2006-2008 timeframe. The maternal and child health priority of healthy physical growth and cognitive development aligns with both of these themes and OMCH's activities are consistent with the division's strategies for achieving results.

Related Issues

Other OMCH priorities encompass issues related to healthy physical growth and cognitive development. Information about healthy relationships, physical activity and nutrition, access to prenatal care, screening for drug and alcohol use during pregnancy and adolescence, healthy environments, and quality preventive and treatment services can be found in the following OMCH Priority Issue Briefs: (1) Optimal Mental Health and Healthy Relationships, (2) Adequate Nutrition and Physical Activity, (3) Safe and Healthy Communities, (4) Access to Preventive and Treatment Services, and (5) Quality Screening, Identification, Intervention, and Care Coordination.

References

-
- ⁱ Washington State Department of Health. Newborn Screening Program.
 - ⁱⁱ Universal Newborn Hearing Screening (NHS) Summary Statistics. Available at www.infanthearing.org/status.unhsstate.html.
 - ⁱⁱⁱ National Immunization Survey (NIS). Available at www.cdc.gov/nip/coverage/nis/04/tab03_antigen_state.xls
 - ^{iv} Washington State Department of Health. *2006 MCH Data and Services Report*. Olympia, WA. 2006 Jan. 218 p. Available at: http://devwww/cfh/mch/mch_assessment/mchdatareport/mch_data_report_home.htm
 - ^v Washington State Department of Social and Health Services. *2004 HEDIS Report*. Available at: <http://fortress.wa.gov/dshs/maa/newsdoc/2004HEDISReport1605.pdf>
 - ^{vi} Washington State Office of Superintendent of Public Instruction (OSPI). "Graduation and Dropout Statistics for School Year 2003-2004". Available at: <http://www.k12.wa.us/dataadmin/pubdocs/GradDropout/03-04/Graduationanddropoutstatistics2003-04Final.pdf>
 - ^{vii} <http://www.healthypeople.gov/LHI/lhiwhat.htm>
 - ^{viii} <http://www.doh.wa.gov/PHIP/default.htm>
 - ^{ix} http://www.doh.wa.gov/strategic/StratPlan03_05_ed1.pdf

Maternal and Child Health Priority Issue Brief

MCH Priorities

Adequate nutrition
and physical activity

Lifestyles free of
substance use and
addiction

Optimal mental
health and healthy
relationships

Health Disparities
(TBD)

Safe and healthy
communities

Healthy physical
growth and cognitive
development

Sexually responsible and healthy adolescents and women

Access to preventive
and treatment
services

Quality screening,
identification,
intervention, and
care coordination

Sexually Responsible and Healthy Adolescents and Women

Focus

This priority focuses on promoting sexual health among adolescents by encouraging adolescents to delay sexual activity while fostering healthy relationships and by decreasing risk-taking associated with early onset of sexual activity. It also focuses on promoting access to screening for sexually transmitted diseases (STDs) and to family planning services for sexually active adolescents, women of childbearing age, and postpartum women.

Objectives and Expectations

The objectives of this priority are to educate adolescents and women about family planning and prevention of STDs and to support related services, policies, and programs.

As a result of these efforts, we expect that:

- More adolescents will delay sexual activity.
- Adolescents who choose to be sexually active will effectively and safely use methods of contraception that prevent pregnancies and the spread of disease.
- More women of childbearing age will know about safe and effective contraception, STD prevention, and birth spacing. This will lead to fewer unintended pregnancies, lower rates of STDs, and more families in which consecutive births are at least 18 – 23 months apart.

Key Data from Washington

Adolescent Pregnancyⁱ

In 2004, 28.5 per 1,000 women aged 15-17 years became pregnant. This represents 3,680 pregnancies. Approximately 55 percent of adolescent pregnancies resulted in live births for a total of 2,006 births in 2004. The birth rate among adolescents in Washington in 2003 was 15.3 births per 1,000 women, compared to the national rate of 22.1 births per 1,000 women aged 15-17 years.

Unintended pregnanciesⁱ

The proportion of live births from unintended pregnancies varies significantly by age.¹ Among women under 20 years of age, about 73 percent of births are from unintended pregnancies. This rate decreases with age, but remains sizable even among older women. The lowest rate is among women aged 30-34 years who report an estimated 27 percent of births are from unintended pregnancies.

Disparities

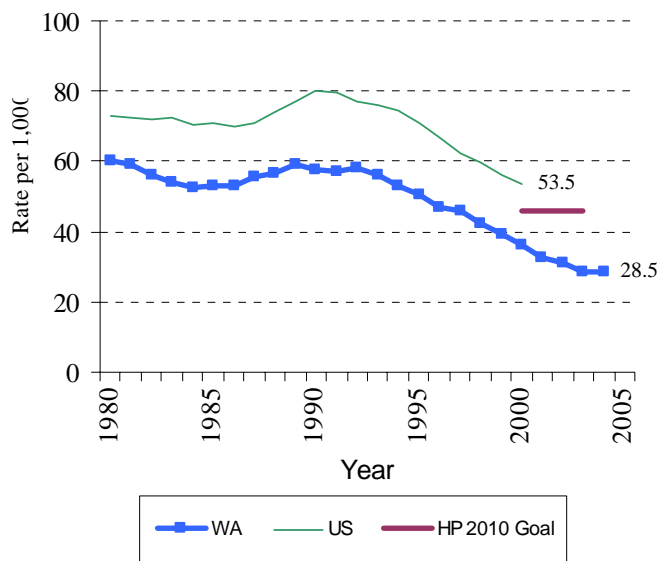
Black and American Indian/Alaska Native women were more likely to report that their infants were from unintended pregnancies compared to Asian, White, and Hispanic women.ⁱ

Temporary Assistance for Needy Families (TANF) recipients were more likely to report that their deliveries were from unintended pregnancies than other Medicaid or non-Medicaid women.ⁱ

Chlamydia infection rates are three times higher among females than among males. This is in part because females are tested more frequently and therefore diagnosed more often.ⁱ

Teens living in rural areas or large towns are more likely to give birth than teens living in urban areas.ⁱⁱ

**Adolescent Pregnancy Rate
Ages 15-17
WA and US, 1980-2004**



¹Note: Unintended pregnancy is an ambiguous concept that is imperfectly measured. Pregnancy intention may vary depending on when, in relation to the pregnancy, the information is collected. In addition, the concept of intending or planning pregnancies may be influenced by cultural perceptions. In Washington, data on pregnancy intentions are collected from women who have delivered live births. Women who do not give birth from unintended pregnancies are excluded from this measure, potentially influencing the results.

Activities

The Office of Maternal and Child Health (OMCH) works with other state agencies, local health jurisdictions (LHJs), universities, community based organizations, and other entities. Technical and financial support from OMCH contributes to the delivery of health care services, development of health education materials, collection of data, and the development of systems to improve public health. Listed below are some examples of direct services, policy development, education, and research and surveillance activities supported by OMCH that promote sexual responsibility and health among adolescents and women.

Pregnant Women and Women of Childbearing Age

Health Care Services

- Provide information about family planning resources, referrals, and insurance for low-income women to First Steps providers.
- Support the Family Health Hotline² for information and referrals.

Policy Development

- Support the Family Planning Program's efforts to ensure access to family planning services for non-citizens.
- Monitor legislation and develop policies that work to promote sexual health.
- Provide information to legislators on abstinence-only education, pregnancy statistics, and unintended pregnancy as requested.

Education

- Include messages about birth spacing in CHILD Profile Health Promotion materials.
- Disseminate the HIV testing card to health care providers.
- Disseminate "9 Months to Get Ready" and the Department of Health (DOH) birth control brochure.
- Educate First Steps providers regarding STDs and family planning.
- Promote dissemination of pre-exposure emergency contraception by providers.
- Provide education/updates regarding STD screening and treatment to health care providers.
- Educate obstetrics and primary care providers about the Medicaid "Take Charge" program and about the use and availability of emergency contraception.

Infants, Children, and Youth³

Health Care Services

- Implement and evaluate five community-based teen pregnancy prevention projects that provide counseling, testing, and referrals to family planning services.
- Implement and evaluate approximately 12 abstinence-focused peer-to-peer media literacy projects across the state.

² The Family Health Hotline used to be known as Healthy Mothers, Healthy Babies (HMHB) Hotline. The organization that operates the hotline recently changed its name from 'Healthy Mothers, Healthy Babies' to 'WithinReach: Essential Resources for Family Health' and it operates several other hotlines in addition to the Family Health Hotline.

³ Infants are defined as those who are aged birth to 1 year. Children are defined as those who are between 1 and 5 years old. Youth are those who are between 6 and 18 years old. Some activities target all ages or apply to families.

Policy Development

- Promote the long term view of healthy attachment and its relationship to healthy outcomes including sexually responsible people.
- Promote and monitor the use of the “Guidelines for Sexual Health Information and Disease Prevention.”
- Monitor and coordinate with partners on legislation related to policies that improve the sexual health status of youth.
- Monitor legislation regarding access to confidential health services by youth.
- Develop agency policy on human papillomavirus (HPV) vaccine and its effect on adolescent reproductive health.

Education

- Develop and distribute adolescent health fact sheets on teen sexuality.
- Provide resources and training on media literacy related to teen sexual behavior.
- Include sexuality information for families and providers in Children with Special Health Care Needs resource notebooks for adolescents in transition.
- Promote education of changing attitudes, practices, and values about sexuality and their influence on health and sexual relationships.
- Develop and disseminate an abstinence-focused media campaign.

Research, Surveillance, and Best Practices

Data

- Develop a plan to include questions about sexual behavior on the Healthy Youth Survey.
- Provide regular updates to the Adolescent Pregnancy and Childbearing chapter in the “Health of Washington State.”
- Use Pregnancy Risk Assessment and Monitoring System (PRAMS) and Behavioral Risk Factor Surveillance Survey (BRFSS) data and explore other methods to measure unintended pregnancy.

Examples of Best Practices

- Evaluate all programs to determine efficacy and to measure progress.
- Use a comprehensive approach toward teen pregnancy prevention and sexuality education. A comprehensive approach includes information about abstinence and other pregnancy and STD prevention methods.
- Provide education and resources on HPV vaccine when it becomes available.
- Provide preconception HIV testing and Chlamydia screening for women of childbearing age.
- Support pre-exposure dissemination of emergency contraception to women.
- Promote the use of condoms to prevent STDs and HIV infection.

Other Public Health Agendas

By identifying sexually responsible and healthy adolescents and women as a priority issue for OMCH, the office ensures that its work is consistent with the intent of the state performance measures defined in the Maternal and Child Health Title V Block Grant and other national and state

public health agendas and that its work meets the needs of the people it serves. Healthy People 2010, the Public Health Improvement Plan (PHIP), the Washington State Department of Health Strategic Plan, and the Division of Community and Family Health Strategic Plan serve as guiding documents for Washington's public health system. Each of these emphasizes the importance of achieving and maintaining sexual responsibility and health.

Healthy People 2010

Healthy People 2010 identifies ten leading health indicatorsⁱⁱⁱ for high-priority public health issues. These indicators are used as the basis for public health priority-setting and decision-making. Related objectives will be used to measure the health of the nation over the next ten years. The most salient leading health indicator for this priority is "Responsible sexual behavior."

Some of the Healthy People 2010 objectives selected to measure outcomes related to responsible sexual behavior among women and adolescents are:⁴

- Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active. (25-11)
- Increase the proportion of pregnancies that are intended. (9-1)
- Reduce pregnancies among adolescent females.(9-7)
- Increase the proportion of sexually active, unmarried adolescents aged 15 - 17 years who use contraception that both effectively prevents pregnancy and provides barrier protection against disease. (9-10)
- Reduce the proportion of adolescents and young adults with *Chlamydia trachomatis* infections. (25-1)
- Reduce the proportion of births occurring within 24 months of a previous birth. (9-2)

Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)^{iv} identifies five key determinants of health: environment, medical care, social circumstances, genetics, and behavior. The PHIP establishes 52 health status indicators under six broad areas. One of these areas is "how safe and supportive are our families." The indicator most related to sexually responsible and healthy adolescents and women is the percent of pregnancies that were intended.

Department of Health Strategic Plan

The Department of Health Strategic Plan^v created seven long-term goals for public health with related objectives and strategies. Goal 1 is to improve the health of all Washington State residents. The first objective for this goal is to demonstrate improvement of health status for the people in Washington State. The strategies for accomplishing this objective include using the PHIP key health indicators to guide decision-making and addressing the incidence of chronic disease, injury, and the spread of communicable disease.

⁴ The number in parentheses represents the objective number. Healthy People 2010 objectives are available in Healthy People 2010 Volumes I and II on-line at: <http://www.healthypeople.gov/Publications/>.

Division of Community and Family Health Strategic Plan

The Division of Community and Family Health (CFH) within the Washington State Department of Health created a strategic plan that describes the goals, objectives, and themes of the division's work for 2006 - 2008. Six themes contribute to the goal of improving the health status of people in Washington State. CFH prioritized the "Improve healthy behaviors" and "Address health disparities" themes for the 2006-2008 timeframe. The maternal and child health priority of sexual health and sexual responsibility aligns with both of these themes and OMCH's activities are consistent with the division's strategies for achieving results.

Related Issues

Other OMCH priorities encompass issues related to sexually responsible and healthy adolescents and women. Information about healthy relationships, cognitive development, access to prenatal care, screening for drug and alcohol use during pregnancy, and quality screening, identification, intervention, and care coordination can be found in the following MCH Priority Issue Briefs: (1) Optimal Mental Health and Healthy Relationships, (2) Healthy Physical Growth and Cognitive Development, (3) Access to Preventive and Treatment Services, and (4) Quality Screening, Identification, Intervention, and Care Coordination.

References

ⁱ Washington State Department of Health. *2006 MCH Data and Services Report*. Olympia, WA. 2006 Jan. 218 p. Available at:

http://devwww/cfh/mch/mch_assessment/mchdatareport/mch_data_report_home.htm

ⁱⁱ Washington State Department of Health. Washington Pregnancy Risk Assessment Monitoring System (PRAMS), 2003.

ⁱⁱⁱ <http://www.healthypeople.gov/LHI/lhiwhat.htm>

^{iv} <http://www.doh.wa.gov/PHIP/default.htm>

^v http://www.doh.wa.gov/strategic/StratPlan03_05_ed1.pdf

Maternal and Child Health Priority Issue Brief

MCH Priorities

Adequate nutrition
and physical activity

Lifestyles free of
substance use and
addiction

Optimal mental
health and healthy
relationships

Health Disparities
(TBD)

Safe and healthy
communities

Healthy physical
growth and cognitive
development

Sexually responsible
and healthy
adolescents and
women

Access to preventive and treatment services

Quality screening,
identification,
intervention, and
care coordination

Access to Preventive and Treatment Services

Focus

This priority focuses on increasing access to preventive and treatment services for mothers and children. These services include primary care, well-child and well-woman care, prenatal care, care coordination within a medical home¹, dental care, mental health services, family planning, immunizations, and drug and alcohol use prevention and treatment.

Better access to these services leads to better health outcomes. For example, families who can easily get preventive health care services require fewer costly emergency services. Women who get adequate prenatal care give birth to healthier babies. To make it easier for families to get services, the Office of Maternal and Child Health (OMCH) works to improve provider-patient relationships and care coordination.

Objectives and Expectations

The objective of this priority is to increase the number of women, children, and families in Washington who receive preventive and treatment health services.

By promoting available, affordable, and accessible health services, we expect that:

- More women will get adequate prenatal care.
- More women, infants, and children will benefit from early identification and treatment of medical conditions.
- More women will get screened for and help with pregnancy risks including violence, substance abuse, tobacco, and HIV.
- More children and families will get recommended vaccines.
- More families will have health insurance and get appropriate and timely health care.
- More families will get better overall health care within a medical home.

¹The Medical Home is a model of primary health care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.

Key Data from Washington

Access to Prenatal and Postpartum Care

Data from the 2003 Pregnancy Risk Assessment Monitoring System (PRAMS) survey show that among women who did not get prenatal care in the first trimester, 35 percent of them could not get appointments and 30 percent of them did not have money or insurance to pay for appointments.ⁱ

In 2004, 64.3 percent of women receiving Medicaid received visits from a health care provider after the births of their babies. Nationally, only 55 percent of postpartum women receiving Medicaid received visits from health care providers.ⁱⁱ

Health Insurance

The percent of people in Washington with incomes below 100 percent of the federal poverty level (FPL) who did not have health insurance increased from 18 percent in 2002 to 23 percent in 2004. In addition, the number of people with incomes below 100 percent of the FPL increased substantially during this time period. The uninsured rate for those with incomes between 100 percent and 300 percent of the FPL stayed relatively stable between 2002 and 2004.ⁱⁱⁱ

Children with special health care needs are likely to lack health insurance coverage for the services they need to manage their condition.^{iv}

Access to Treatment Services

Results of the 2002 Washington State Behavioral Risk Factor Surveillance Survey (BRFSS) showed that 77 percent of adults in Washington have one primary medical provider. Among those with a single primary provider, 86 percent go to a doctor's office and 5 percent go to a public health or community clinic.^v

Access to Preventive Services

The National Immunization Survey provides estimates of vaccination rates among children aged 19-35 months. Washington's estimated immunization rate for the 4:3:1:3:3 series² was 75.3 percent^{vi} in 2003, the rate increased to 77.7 percent^{vii} in 2004.

Disparities

A recent three-year study found that children enrolled in Medicaid use fewer preventive services, more emergency services, and are more likely to be hospitalized and have more advanced conditions at the time of diagnosis than children not enrolled in Medicaid.ⁱⁱ

² The 4:3:1:3:3 series comprises ≥ 4 doses of diphtheria and tetanus toxoids and pertussis vaccine, diphtheria and tetanus toxoids, and diphtheria tetanus toxoids, and acellular pertussis (DTP/DT/DTaP) vaccine; ≥ 3 doses of poliovirus vaccine; ≥ 1 dose of measles-containing vaccine (MCV); ≥ 3 doses of *haemophilus influenzae* type B vaccine (Hib); and ≥ 3 doses of hepatitis B vaccine (hep B).

Activities

The Office of Maternal and Child Health (OMCH) works with other state agencies, local health jurisdictions (LHJs), universities, community based organizations, and other entities. Technical and financial support from OMCH contributes to the delivery of health care services, development of health education materials, collection of data, and the development of systems to improve public health. Activities promoting access to preventive and treatment services largely consist of infrastructure-building activities that increase access to and expansion of insurance coverage, improve care coordination, and promote best practices.

Listed below are some OMCH-supported activities related to promoting access to preventive and treatment services. The activities are categorized by what they primarily aim to influence: cost, availability, and access to health care.

Pregnant Women and Women of Childbearing Age

Affordable Health Care

- OMCH supports laboratory services for testing pregnant women for hepatitis B.

Available Health Care

- Local public health programs receive funding to support immunization programs and regional genetics clinics.
- The perinatal regional program works with the Department of Social and Health Services (DSHS) Health and Recovery Services Administration (HRSA). This collaboration includes contracts with selected health care facilities to improve pregnancy outcomes.
- The Perinatal Advisory Committee strives to improve relationships and communication between licensed midwives and obstetric care providers.

Access to Health Care

- The Family Health Hotline³ connects families to needed services.
- OMCH works with the Department of Social and Health Services (DSHS) Health and Recovery Services Administration (HRSA) to improve the referral system for Maternity Support Services (MSS), Infant Case Management, and family planning programs.
- OMCH contracts with private health care providers to improve the delivery of vaccines to children.
- Health and social services providers are educated about best practices for delivering genetic services.
- Proposed future accessibility activities include activities that strengthen linkages and referrals to mental health services.

³ The Family Health Hotline used to be known as the Healthy Mothers, Healthy Babies (HMHB) Hotline. The organization that operates the hotline recently changed its name from 'Healthy Mothers, Healthy Babies' to 'WithinReach: Essential Resources for Family Health' and it operates several other hotlines in addition to the Family Health Hotline.

Infants, Children, and Youth⁴

Affordable Health Care

- OMCH maintains a “last resort” fund for eligible families to pay for needed services not covered by other sources.
- All children in Washington State receive required vaccines at no cost from public and private health care providers.
- Local public health programs work with dental care providers within their communities to improve oral health.
- Washington’s universal distribution system for vaccines ensures that vaccines are available to all children aged birth - 18 years regardless of their ability to pay.

Available Health Care

- OMCH promotes medical homes⁵ to improve well-child and preventive care and to coordinate comprehensive care for children with special needs.
- OMCH identifies and maintains networks of nutritionists, feeding teams, maxillofacial review boards, and medical home teams.
- All infants born in Washington are screened for specific disorders including hearing loss and receive appropriate follow up.
- Newborn specialty clinics provide nutritional and other services to infants and children with disorders identified through newborn screening.
- OMCH provides support to the neurodevelopmental centers’ network.
- Local public health programs work with dental care providers to develop coalitions to increase the number of dentists who provide services to children, especially toddlers.
- Access to Baby and Child Dentistry (ABCD) programs operate throughout Washington with support from OMCH.
- Health care providers in King County receive training on giving treatment to children through the Kids Get Care program.
- Vaccines for required childhood immunizations are distributed throughout the state to local public health agencies and private health care providers at no cost to patients or providers.
- OMCH funds seven of the Regional Genetics Clinics and requires these clinics to serve all patients regardless of their ability to pay.

Access to Health Care

- MSS and Infant Case Management programs link patients to pediatric care and other needed services.
- CHILD Profile health promotion materials provide reminders and resources to parents of children aged birth - 6 years.
- Health and social services providers are educated about best practices for delivering genetic services.
- Local Children with Special Health Care Needs Coordinators link families to needed services.

⁴ Infants are defined as those who are aged birth to 1 year. Children are defined as those who are between 1 and 5 years old. Youth are those who are between 6 and 18 years old. Some activities target all ages or apply to families.

⁵ The Medical Home is a model of primary health care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.

- OMCH supports one school-based health clinic and three community-based family planning services agencies.
- OMCH funds a project at Children's Hospital and Regional Medical Center to help patients in Yakima receive genetic services from doctors in Seattle. The project uses videoconference to connect doctors and patients.
- OMCH monitors legislation regarding the age of consent for reproductive, mental health, and other health care services.
- Proposed future activities that will address access to health care include:
 - Integrating the medical home model to increase access to coordinated services for school-aged children and their families.
 - Using the Healthy Youth Survey and the Smile Survey to measure frequency of dental and well-child screenings.
 - Using the Department of Health Coordinated School Health Grant to explore access to school-based health services.

Families

Affordable Health Care

- OMCH supports community-based disability awareness programs that select and develop access initiatives.
- People who are not eligible for other financial assistance programs receive help to pay for tests that detect chromosomal defects linked to genetic diseases (cytogenetic testing).

Available Health Care

- OMCH coordinates participation in disability and health programs in five counties.

Access to Health Care

- Parent organizations distribute health and resource information to families.
- OMCH supports the development of community-based programs to improve access for persons with disabilities.
- Parents of children aged birth - 6 years receive CHILD Profile health promotion materials.

Research, Surveillance, and Best Practices

Data

- Medical home usage is measured through the National CSHCN Survey.
- Newborn screening surveillance and tracking data are collected to measure rates of specific disorders and success of follow up and treatment.
- The Smile Survey collects information about accessing oral health services throughout the state.
- Regional Genetics Clinics submit yearly data on the use of prenatal and clinical genetic services.
- Proposed future data and best practices activities include changing the data source for immunization rates to the CHILD Profile Immunization Registry.

Examples of Best Practices

- OMCH uses professional organization guidelines and policy statements regarding delivering genetic services such as those developed by the American College of Obstetricians and Gynecologists, the American College of Medical Genetics, and the Institute of Medicine to inform and educate health care providers.
- Hospital newborn screening and detection of hearing loss in infants.
- Protocols for children who are deaf or hard of hearing.
- Collaborative efforts to support early diagnosis and interventions identified by the Washington Integrated Services Enhancement (WISE) grant.
- Kids Get Care education curriculum for health care providers.
- The evaluation of immunization practices using Assessment Feedback Incentives and eXchange (AFIX) protocols and standards.

Other Public Health Agendas

By identifying promoting access to preventive and treatment services as a priority issue for OMCH, the office ensures that its work is consistent with the intent of the state performance measures defined in the Maternal and Child Health Title V Block Grant and other national and state public health agendas and that its work meets the needs of the people it serves. Healthy People 2010, the Public Health Improvement Plan (PHIP), the Washington State Department of Health Strategic Plan, and the Division of Community and Family Health Strategic Plan serve as guiding documents for Washington's public health system. Each of these emphasizes the importance of promoting access to preventive and treatment services in improving public health.

Healthy People 2010

Healthy People 2010 identifies ten leading health indicators^{viii} for high-priority public health issues. These indicators are used as the basis for public health priority-setting and decision-making. Related objectives will be used to measure the health of the nation over the next ten years. The leading health indicator related to OMCH's goal to promote access to preventive and treatment services is "Access to health care."

Some of the Healthy People 2010 objectives selected to measure progress for these indicators women and children are:⁶

- Increase the proportion of persons who have a specific source of ongoing care. (1-4)
- Increase the proportion of persons with health insurance. (1-1)
- Maintain vaccination coverage levels for children in licensed day care facilities and children in kindergarten through the first grade. (14-23)
- Increase the proportion of pregnant women who receive early and adequate prenatal care. (16-6)

Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)^{ix} identifies five key determinants of health: environment, medical care, social circumstances, genetics, and behavior. The PHIP

⁶ The number in parentheses represents the objective number. Healthy People 2010 objectives are available in Healthy People 2010 Volumes I and II on-line at: <http://www.healthypeople.gov/Publications/>.

establishes 52 health status indicators under six broad areas. One of the categories contains indicators for access to health services. Indicators that measure access for the maternal and child population include the rates of vaccine-preventable diseases and the percent of households who are unable to obtain health care or are experiencing a delay or difficulty in obtaining health care.

Department of Health Strategic Plan

The Department of Health Strategic Plan^x created seven long-term goals for public health with related objectives and strategies. Goal 1 is to improve the health of all Washington State residents. The first objective for this goal is to demonstrate improvement of health status for the people in Washington State. The strategies for accomplishing this objective include integrating social determinants such as job opportunities, education, housing, and access to resources into the work of the department and using the PHIP key health indicators to guide decision-making. The second objective for this goal is to improve the quality of public health and health care services, which includes a strategy to assist communities in addressing access to care.

Community and Family Health Strategic Plan

The Division of Community and Family Health (CFH) within the Washington State Department of Health developed a strategic plan that describes the goals, objectives, and themes of the division's work for 2006-08. Six themes contribute to the goal of improving the health status of people in Washington State. CFH prioritized the "Improve healthy behaviors" and "Address health disparities" themes for the 2006-2008 timeframe. The maternal and child health priority of access to preventive and treatment services aligns with both of these themes and OMCH's activities are consistent with the division's strategies for achieving results.

Related Issues

Information about related issues can be found in this issue brief: Quality Screening, Identification, Intervention, and Care Coordination.

References

- ⁱ Washington State Department of Health. Washington Pregnancy Risk Assessment Monitoring System (PRAMS), 2003.
- ⁱⁱ Washington State Department of Social and Health Services. *2004 HEDIS Report*. Available at: <http://fortress.wa.gov/dshs/maa/newsdoc/2004HEDISReport1605.pdf>
- ⁱⁱⁱ Washington State Office of Financial Management. *2004 Washington State Population Survey, Research Brief 31*. “The Uninsured Population in Washington State.” February 2005. Website: <http://www.ofm.wa.gov/researchbriefs/brief031.pdf>
- ^{iv} Washington State Department of Health. *Health of Washington State, 2004 Supplement*. “Children with Special Healthcare Needs.” <http://www.doh.wa.gov/HWS/MCH2004.shtm>
- ^v 2002 Behavioral Risk Factor Surveillance System (BRFSS). Washington State Department of Health. Website: http://www.doh.wa.gov/EHSPHL/CHS/CHS-Data/brfss/brfss_homepage.htm
- ^{vi} CDC MMWR Weekly July 30, 2004/53 (29); 658-661 Website: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5329a3.htm>
- ^{vii} Data from CDC MMWR Weekly July 29, 2005/54 (29); 717-721 Website: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5429a1.htm>
- ^{viii} <http://www.healthypeople.gov/LHI/lhiwhat.htm>
- ^{ix} <http://www.doh.wa.gov/PHIP/default.htm>
- ^x http://www.doh.wa.gov/strategic/StratPlan03_05_ed1.pdf

Maternal and Child Health Priority Issue Brief

MCH Priorities

Adequate nutrition
and physical activity

Lifestyles free of
substance use and
addiction

Optimal mental
health and healthy
relationships

Health Disparities
(TBD)

Safe and healthy
communities

Healthy physical
growth and cognitive
development

Sexually responsible
and healthy
adolescents and
women

Access to preventive
and treatment
services

**Quality
screening,
identification,
intervention,
and care
coordination**

Quality Screening, Identification, Intervention, and Care Coordination

Focus

This priority focuses on high quality health care for children, pregnant women, and women of childbearing age. For children and adolescents high quality health care includes screening, identification, and intervention for physical and developmental health conditions. It also includes a medical home¹ and Early Periodic Screening, Diagnosis and Treatment (EPSDT) services.

The focus of this priority for pregnant women is on early and comprehensive prenatal care. Prenatal care includes identifying and managing health conditions to ensure a healthy mother and baby. It also involves providing counseling, education, and referrals for genetic services, nutrition, breastfeeding, and parenting skills.

For women of childbearing age, this priority focuses on screening for, identifying, and managing chronic health conditions. It also focuses on promoting safe and effective contraception for women.

Objectives and Expectations

The objective of this priority is to increase the number of women and children who receive immunizations as recommended, screening for conditions that could delay learning and development, prenatal care that will lead to healthy pregnancies and desirable birth outcomes, and coordinated, culturally sensitive, family-centered health care within a medical home.

As a result of these efforts we expect that:

- Women and children in Washington will receive high quality, evidence-based health care within a medical home.
- Health care providers will identify risk factors and illnesses early and intervene to prevent further complications.

¹ The Medical Home is a model of primary health care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.

Key Data from Washington

Prenatal Care and Care for Non-Pregnant Women of Childbearing Age

In 2004, approximately 73 percent of women in Washington over age 18 years had a mammogram in the past two years and 75 percent had a Pap smear within the past three years.ⁱ In 2001, approximately 93 percent of adult women reported ever having a clinical breast exam.ⁱ

The following table shows the percentage of pregnant women who reported being asked by their providers about smoking, alcohol use, illegal drug use, HIV status, and postpartum birth control plans.

	Smoking (%)	Alcohol Use (%)	Drug Use (%)	HIV Status (%)	Postpartum Birth Control (%)	Abuse (%)	Combined* (%)
2000	70.4	82.6	67.9	80.2	90.1	50.9	47.6
2001	71.8	82.1	73.9	85.3	88.7	59.5	55.5
2002	69.7	83.5	72.2	82.5	87.5	59.6	52.4
2003	68.3	83.3	72.6	81.4	88.5	61.5	54.9

*The combined total includes women who received genetic counseling.

Children with Special Health Care Needs and Adolescent Health

In Washington State, 45 percent of children with special needs had medical homes compared to 49 percent of children without special needs.ⁱⁱ

Youth with a disability were less likely to report a dental visit in the past year compared to youth without a disability.ⁱⁱ

Data from the 2004 Healthy Youth Survey show that 60 percent of students in Grade 8, 63 percent of students in Grade 10, and 59 percent of students in Grade 12 received physical exams (check-ups) in the previous year.

Oral Health

Many children are not getting the dental care they need. The 2005 Washington State Smile Survey showed that about 20 percent of students in Grades 2 and 3 experience untreated decay and only 45 percent received dental sealants.ⁱⁱⁱ In 2004, 72 percent of eighth graders, 74 percent of tenth graders, and 73 percent of twelfth graders received dental visits or cleanings within the past year.^{iv}

Pregnancy Risk Assessment and Monitoring System (PRAMS) data for 2001-03 show that about 28 percent of mothers overall reported needing to see a dentist for a problem during their pregnancy. Women on Medicaid were more likely to report a dental problem than non-Medicaid women.^v

Disparities

In 2001-03, women who were over age 19 years and White, Asian, or non-Hispanic and not receiving Medicaid were more likely to begin prenatal services than other women.

Results from the 2000 Behavioral Risk Factor Surveillance Survey (BRFSS) show that 64 percent of White women in Washington reported ever having a mammogram, compared to only 41 percent of Black women and 37 percent of Hispanic women.^{vi}

Activities

The Office of Maternal and Child Health (OMCH) works with other state agencies, local health jurisdictions (LHJs), universities, community based organizations, and other entities. Technical and financial support from OMCH contributes to the delivery of health care services, development of health education materials, collection of data, and the development of systems to improve public health. Activities promoting quality screening, identification, intervention, and care coordination aim to increase the use of health care services in order to improve long-term health outcomes. This will also help conserve the use of health care resources by reducing the demand for expensive services for chronic or advanced conditions. Described below are some OMCH-supported activities and outcomes for specific populations related to quality screening, identification, intervention, and care coordination.

Pregnant Women and Women of Childbearing Age

Screening

- Maternity Support Services (MSS) and Infant Case Management (ICM) providers ask pregnant women about tobacco use, signs of domestic violence, family planning needs, drug and alcohol use, HIV infection, and nutrition needs.
- Proposed future screening activities include initiating an MSS and ICM documentation project.

Identification

- OMCH supports services that identify and diagnose conditions in pregnant women and women of childbearing age. These services are delivered through a variety of programs and health care providers such as:
 - Tertiary level perinatal centers.
 - Regional Genetics Clinics.
 - MSS and ICM providers.
 - Community Services Offices.

Intervention

- OMCH-supported intervention strategies for pregnant women include:
 - Tertiary level perinatal care.
 - Perinatal Advisory Committee activities.
 - MSS and ICM core services.
 - CHILD Profile Health Promotion messages.
 - Efforts to inform providers about prenatal HIV testing and counseling procedures required by Washington State law.
 - Efforts to inform providers about genetics issues.
 - Immunizations.
- Proposed future intervention strategies include conducting maternal mortality reviews.

Care Coordination

- MSS and ICM protocols include connecting clients with other services.

Infants, Children, and Youth²

Screening

- Newborns are screened for specific disorders including hearing loss.
- Health care providers screen for and report certain birth defects to health departments for inclusion in the birth defects registry.
- OMCH promotes the use of EPSDT services.
- Health care providers, care givers, and schools screen infants, children, and adolescents for immunizations.
- OMCH promotes the use of the Bright Futures³ guidelines for well-child screening.
- Primary health care providers are advised to screen children and adolescents for oral health, mental health, substance abuse, and sexual activity indicators.
- OMCH promotes oral health screening in Head Start and Early Childhood Education and Assistance Program (ECEAP) settings.
- OMCH partners with the Office of Superintendent of Public Instruction (OSPI) for school-based screening programs.

Identification

- OMCH supports services that identify and diagnose conditions in infants, children, and youth. These services are delivered through a variety of programs and health care providers such as:
 - ♦ Medical Homes.
 - ♦ Audiologists.
 - ♦ Neurodevelopmental Centers.
 - ♦ MSS and ICM providers.
 - ♦ Child Care Health Consultants in local health agencies.
 - ♦ School Nurses.
 - ♦ Medical Geneticists.

Intervention

- Examples of OMCH supported intervention strategies for infants, children, and youth are:
 - ♦ Neurodevelopmental Centers and Early Intervention providers.
 - ♦ Parent to Parent and the Washington State Father's Network.
 - ♦ Child Care Consultants.
 - ♦ Universal access to vaccines for children.
 - ♦ CHILD Profile Health Promotion reminders for immunizations and well-child care.
 - ♦ Adolescent Health fact sheets.
 - ♦ Training for early intervention providers to increase skills for working with children who are deaf or hard of hearing.

Care Coordination

- Children with Special Health Care Needs (CSHCN) Coordinators, Child Care Coordinators, and Oral Health Coordinators in local public health agencies link infants, children, and adolescents to health care resources.

²Infants are defined as those who are aged birth to 1 year. Children are defined as those who are between 1 and 5 years old. Youth are those who are between 6 and 18 years old. Some activities target all ages or apply to families.

³Bright Futures is a set of nationally developed health guidelines for parents, children, and health care providers. <http://www.brightfutures.aap.org/web/>.

- The Early Hearing Loss Detection, Diagnosis, and Intervention (EHDDI) program ensures that infants receive appropriate follow up and intervention services.
- The First Steps ICM program provides home visits to infants and their families.
- Maxillofacial Review teams in four locations across the state coordinate services and interventions for children with maxillofacial or craniofacial diagnoses.

Families

Screening

- OMCH participates in the Family Voices-Bright Futures project to assess the effectiveness of Bright Futures materials for families of children with special health care needs.

Identification

- Genetic counselors work with families to identify genetic risks.
- OMCH promotes the family health initiative, which encourages individuals to learn about diseases that affect their relatives.

Intervention

- Examples of OMCH supported intervention strategies for families are:
 - Family leadership is developed to promote inclusion of families in program planning and policy development.
 - Washington State Parent to Parent and the Washington State Father's Network are supported to provide outreach, information, and connections for families of children with special needs.
 - Parent resources are developed and distributed to help families become knowledgeable partners with professionals in making decisions about their children with special needs.
 - OMCH employs a family consultant who takes a leadership role in activities to increase family involvement in children with special health care needs (CSHCN) policy and program development.

Research, Surveillance, and Best Practices

- Data sources for information about screening, identification, intervention, and coordination for pregnant women, women of childbearing age, infants, children, and adolescents include:

<ul style="list-style-type: none"> • Vital records such as birth and death certificates. • Pregnancy Risk Assessment and Monitoring System (PRAMS). • First Steps Database. • Regional Genetics Clinics data. • Behavioral Risk Factor Surveillance System (BRFSS). • CHILD Profile Immunization Registry. 	<ul style="list-style-type: none"> • National Immunization Survey. • National Survey of Children with Special Health Care Needs. • School and child care immunization reports. • Newborn screening data system. • Early Hearing-loss Detection, Diagnosis, and Intervention (EHDDI) tracking and surveillance system.
--	--

- Examples of materials that inform providers and consumers about best practices for screening, identification, intervention, and care coordination for pregnant women, women of childbearing age, infants, children, and adolescents include:
 - ♦ Domestic violence and pregnancy materials.
 - ♦ Information about substance abuse during pregnancy.
 - ♦ Delivery checklists for screening and management of HIV infection among pregnant women.
 - ♦ Materials about smoking cessation during pregnancy.
 - ♦ CHILD Profile Health Promotion materials.
 - ♦ Training materials for MSS and ICM providers.
 - ♦ Child Health Notes on a variety of topics including medical home and hearing and vision screening.
 - ♦ Bright Futures materials.
 - ♦ “Transition Timeline for Children and Adolescents with Special Needs.”
 - ♦ “Protocol for Newborn Screening.”
 - ♦ “Protocol for Diagnostic Audiologic Assessment.”
 - ♦ “Best Practice Guidelines in Early Intervention for Children with Hearing Loss.”
 - ♦ “Practical Tips: Involving Family Consultants in Program and Policy Development.”

Other Public Health Agendas

Prioritizing issues related to quality screening, identification, intervention, and care coordination ensures that the work of OMCH is consistent with the intent of the state performance measures defined in the Maternal and Child Health Title V Block Grant and other national and state public health agendas and that its work meets the needs of the people it serves. Healthy People 2010, the Public Health Improvement Plan (PHIP), the Washington State Department of Health Strategic Plan, and the Division of Community and Family Health Strategic Plan serve as guiding documents for Washington’s public health system. Each of these emphasizes the importance of quality screening, identification, intervention, and care coordination in improving public health.

Healthy People 2010

Healthy People 2010 identifies ten leading health indicators^{vii} for high-priority public health issues. These indicators are used as the basis for public health priority-setting and decision-making. Related objectives will be used to measure the health of the nation over the next ten years. Several of the leading health indicators including “Tobacco use,” “Substance abuse,” “Immunization,” and “Access to health care” are related to OMCH’s goal to promote quality screening, identification, intervention, and care coordination.

Some of the Healthy People 2010 objectives selected to measure progress for these indicators among women and children are:⁴

- Increase smoking cessation during pregnancy. (27-6)
- Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days. (26-10a)

⁴ The number in parentheses represents the objective number. Healthy People 2010 objectives are available in Healthy People 2010 Volumes I and II on-line at: <http://www.healthypeople.gov/Publications/>.

- Increase the proportion of children who have received dental sealants on their molar teeth. (21-8)
- Reduce chronic hepatitis B virus infections in infants and young children (perinatal infections). (14-2)
- Reduce new cases of perinatally acquired HIV infection. (13-17)
- Increase the proportion of adults with disabilities reporting satisfaction with life. (6-6)

Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)^{viii} identifies five key determinants of health: environment, medical care, social circumstances, genetics, and behavior. The PHIP establishes 52 health status indicators under six broad areas. Two categories contain indicators for access to health services and healthy behaviors. Indicators related to women and children include: (1) the percent of households unable to obtain health care or experiencing a delay or difficulty in obtaining health care, (2) the rates of vaccine-preventable diseases, (3) the percent of women who report smoking during the last three months of pregnancy, and (4) the percent of tenth graders who report drinking any alcohol in the past 30 days.

Department of Health Strategic Plan

The Department of Health Strategic Plan^{ix} created seven long-term goals for public health with related objectives and strategies. Goals 1 and 4 encompass the OMCH priority of quality screening, identification, intervention, and care coordination. Goal 1 is to improve the health of all Washington State residents. The related objectives for this goal are to demonstrate improvement of health status for the people in Washington State and improve the quality of public health and health care services. The strategies for accomplishing these objectives include integrating social determinants such as job opportunities, education, housing, and access to resources into the work of the department, using the PHIP key health indicators to guide decision-making, and assisting communities in addressing access to care. Goal 4 is “enhance strategic partnerships and collaborative relationships.” The related objectives for this goal include supporting partners in meeting community health goals through strategies such as supporting, evaluating, and disseminating best practices and providing community health assessment support.

Community and Family Health Strategic Plan

The Division of Community and Family Health (CFH) within the Washington State Department of Health created a strategic plan that describes the goals, objectives, and themes of the division’s work for 2006 - 2008. Six themes contribute to the goal of improving the health status of people in Washington State. CFH prioritized the “Improve healthy behaviors” and “Address health disparities” themes for the 2006-2008 timeframe. The maternal and child health priority of quality screening, identification, intervention, and care coordination aligns with both of these themes and OMCH’s activities are consistent with the division’s strategies for achieving results.

Related Issues

Other OMCH priorities encompass issues related to quality screening, identification, intervention, and care coordination. Information about related topics can be found in the following issue briefs: (1) Healthy Physical Growth and Cognitive Development, (2) Sexually Responsible and Healthy

Adolescents and Women, (3) Access to Preventive and Treatment Services, and (4) Lifestyles Free of Substance Use and Addiction.

References

- ⁱ Washington State Department of Health. Behavioral Risk Factor Surveillance System (BRFSS). 2004.
- ⁱⁱ Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. 2003 National Survey of Children's Health.
- ⁱⁱⁱ Washington State Department of Health. 2005 SMILE Survey. Available at:
http://www.doh.wa.gov/cfh/Oral_Health/Documents/SmileSurvey2005FullReport.pdf
- ^{iv} Washington State Office of Superintendent of Public Instruction, Department of Health, Department of Social and Health Services, and Department of Community, Trade, and Economic Development. Washington State Healthy Youth Survey 2004.
- ^v Washington State Department of Health. *MCH Data and Services Report 2006*, Web site:
http://www.doh.wa.gov/cfh/mch/mch_assessment/mchdatareport/2005_pdfs
- ^{vi} Washington State Department of Health. Washington State Behavioral Risk Factor Surveillance System (BRFSS), 2000.
- ^{vii} <http://www.healthypeople.gov/LHI/lhiwhat.htm>
- ^{viii} <http://www.doh.wa.gov/PHIP/default.htm>
- ^{ix} http://www.doh.wa.gov/strategic/StratPlan03_05_ed1.pdf